

TITLE V BLOCK GRANT APPLICATION
FORMS (1-21)
STATE: WA
APPLICATION YEAR: 2006

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APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 7/15/2005	APPLICANT IDENTIFIER
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY STATE	STATE APPLICATION IDENTIFIER
Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	FEDERAL IDENTIFIER
5. APPLICANT INFORMATION			
Legal Name: State of Washington, Department of Health		Organizational Unit: MCH Programs, Community & Family Health	
Address (give city, county, state and zip code) NewMarket Industrial Campus, Building 10 P.O. Box 47835 Olympia, WA 98504 County: Thurston		Name and telephone number of the person to be contacted on matters involving this application (give area code) Name: Jan Fleming, MCH Office Director Tel Number: 360.236.3581	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="display: flex; gap: 10px;"><div style="border: 1px solid black; padding: 2px 5px;">9</div><div style="border: 1px solid black; padding: 2px 5px;">1</div><div style="border: 1px solid black; padding: 2px 5px;">1</div><div style="border: 1px solid black; padding: 2px 5px;">4</div><div style="border: 1px solid black; padding: 2px 5px;">4</div><div style="border: 1px solid black; padding: 2px 5px;">4</div><div style="border: 1px solid black; padding: 2px 5px;">6</div><div style="border: 1px solid black; padding: 2px 5px;">0</div><div style="border: 1px solid black; padding: 2px 5px;">3</div></div>		7. TYPE OF APPLICANT: (Enter appropriate letter in box) A A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipality J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipality M. Profit Organization G. Special District N. Other (Specify)	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration Decrease Duration Other (specify):		9 NAME OF FEDERAL AGENCY: Health Resources and Services Administration, Maternal and Child Health Bureau	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="display: flex; gap: 10px;"><div style="border: 1px solid black; padding: 2px 5px;">9</div><div style="border: 1px solid black; padding: 2px 5px;">3</div><div style="border: 1px solid black; padding: 2px 5px;">9</div><div style="border: 1px solid black; padding: 2px 5px;">9</div><div style="border: 1px solid black; padding: 2px 5px;">4</div></div> TITLE: Maternal and Child Health Services Block Grant		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Title V Maternal and Child Health Block Grant	
12. AREAS AFFECTED BY PROJECT (cities, communities, states, etc.): Statewide			
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:	
Start Date: 10/01/2005	Ending Date: 09/30/2006	a. Applicant Washington State	b. Project
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ <u>9,556,668.00</u>	a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. NO <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ <u>0.00</u>		
c. State	\$ <u>7,573,626.00</u>		
d. Local	\$ <u>0.00</u>		
e. Other	\$ <u>2,500,000.00</u>		
f. Program Income	\$ <u>0.00</u>		
g. TOTAL	\$ <u>19,630,294.00</u>	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT <input type="checkbox"/> Yes. If "Yes", attach an explanation <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY BY THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative Patty Hayes		b. Title Assist. Sec., Community & Family Health	c. Telephone Number 360.236.3723
d. Signature of Authorized Representative		e. Date Signed	

Previous Editions Not Usable

Standard Form 424 (REV. 4-88)
Prescribed by OMB A-102

FORM 2
MCH BUDGET DETAILS FOR FY 2006

[Secs. 504 (d) and 505(a)(3)(4)]

STATE: WA

1. FEDERAL ALLOCATION

(Item 15a of the Application Face Sheet [SF 424])

Of the Federal Allocation (1 above), the amount earmarked for:

A.Preventive and primary care for children:

\$ 5,010,632 (52.43%)

B.Children with special health care needs:

\$ 3,032,685 (31.73%)

(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C.Title V administrative costs:

\$ 605,455 (6.34%)

(The above figure cannot be more than 10%)[Sec. 504(d)]

2. UNOBLIGATED BALANCE (Item 15b of SF 424)

\$ 0

3. STATE MCH FUNDS (Item 15c of the SF 424)

\$ 7,573,626

4. LOCAL MCH FUNDS (Item 15d of SF 424)

\$ 0

5. OTHER FUNDS (Item 15e of SF 424)

\$ 2,500,000

6. PROGRAM INCOME (Item 15f of SF 424)

\$ 0

7. TOTAL STATE MATCH (Lines 3 through 6)

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 7,573,626

\$ 10,073,626

8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)

(Total lines 1 through 6. Same as line 15g of SF 424)

\$ 19,630,294

9. OTHER FEDERAL FUNDS

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS: \$ 1,284,500

b. SSDI: \$ 177,000

c. CISS: \$ 0

d. Abstinence Education: \$ 791,895

e. Healthy Start: \$ 0

f. EMSC: \$ 0

g. WIC: \$ 0

h. AIDS: \$ 0

i. CDC: \$ 7,977,500

j. Education: \$ 0

k. Other: \$ 0

Interagency DSHS \$ 1,200,000

Title XIX \$ 1,800,000

10. OTHER FEDERAL FUNDS (SUBTOTAL of all Funds under item 9)

\$ 13,230,895

11. STATE MCH BUDGET TOTAL

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 32,861,189

FORM NOTES FOR FORM 2

None

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: FedAlloc_PPCC
Row Name: Federal Allocation - Preventive and primary care for children
Column Name:
Year: 2006
Field Note:
Based on actual percentage of expenditures for 2004. 19% (rounded) Infants < 1 yr + 33% (rounded) Children 1-22 = 54% * \$9,556,668 (assuming flat funding from FFY05 award) = \$5,010,632
2. **Section Number:** Main
Field Name: StateMCHFunds
Row Name: State MCH Funds
Column Name:
Year: 2006
Field Note:
OMCH is projecting Maintenance of Effort only in this application. State funds will comprise General Fund State funds available for match as well as Health Service Account Funds, which can be applied toward Maintenance of Effort Requirement.
3. **Section Number:** Main
Field Name: OtherFunds
Row Name: Other Funds
Column Name:
Year: 2006
Field Note:
\$2.5 million is the projected funds to be expended in T- XIX State and General Funds State dollars not available for MCHBG match, but used in achieving the total MCHBG effort.

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: WA

	FY 2004		FY 2005		FY 2006	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation (Line1, Form 2)	\$ 9,364,663	\$ 8,817,546	\$ 9,613,745	\$ 0	\$ 9,556,668	\$ 0
2. Unobligated Balance (Line2, Form 2)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3. State Funds (Line3, Form 2)	\$ 7,573,626	\$ 13,775,713	\$ 6,500,000	\$ 0	\$ 7,573,626	\$ 0
4. Local MCH Funds (Line4, Form 2)	\$ 0	\$ 93,528	\$ 89,000	\$ 0	\$ 0	\$ 0
5. Other Funds (Line5, Form 2)	\$ 0	\$ 2,495,079	\$ 984,626	\$ 0	\$ 2,500,000	\$ 0
6. Program Income (Line6, Form 2)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
7. Subtotal (Line8, Form 2)	\$ 16,938,289	\$ 25,181,866	\$ 17,187,371	\$ 0	\$ 19,630,294	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds (Line10, Form 2)	\$ 8,765,000	\$ 11,666,081	\$ 9,194,000	\$ 0	\$ 13,230,895	\$ 0
9. Total (Line11, Form 2)	\$ 25,703,289	\$ 36,847,947	\$ 26,381,371	\$ 0	\$ 32,861,189	\$ 0
(STATE MCH BUDGET TOTAL)						

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: WA

	FY 2001		FY 2002		FY 2003	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 9,200,528	\$ 8,959,646	\$ 9,191,681	\$ 8,041,809	\$ 9,489,652	\$ 10,587,944
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 15,000,000	\$ 15,303,791	\$ 19,143,000	\$ 7,573,626	\$ 14,500,010	\$ 6,584,859
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 9,214,603
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 9,064,942	\$ 0	\$ 0
6. Program Income <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
7. Subtotal <i>(Line8, Form 2)</i>	\$ 24,200,528	\$ 24,263,437	\$ 28,334,681	\$ 24,680,377	\$ 23,989,662	\$ 26,387,406
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 5,120,250	\$ 5,257,058	\$ 11,027,387	\$ 7,761,304	\$ 8,279,000	\$ 12,633,264
9. Total <i>(Line11, Form 2)</i>	\$ 29,320,778	\$ 29,520,495	\$ 39,362,068	\$ 32,441,681	\$ 32,268,662	\$ 39,020,670
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3

None

FIELD LEVEL NOTES

- 1. Section Number:** Main
Field Name: FedAllocExpended
Row Name: Federal Allocation
Column Name: Expended
Year: 2003
Field Note:
Federal Allocation: \$(1,098,292): FY03 Expended exceeds FY03 Budgeted because of the timing difference in expending obligated funds. The majority of MCHBG funds are allocated to Local Health Jurisdictions, who are currently on a 2 year calendar year contract cycle.
- 2. Section Number:** Main
Field Name: StateMCHFundsExpended
Row Name: State Funds
Column Name: Expended
Year: 2003
Field Note:
Total State Funds: \$7,915,151 variance: FY03 Budgeted to FY03 Expended represents a 54.58% variance. FY03 Budgeted exceeds FY03 Expended due to projections made prior, using actual expenditures for FY01. In FY02, the MCH Program experienced an approximately \$10 million reduction in state funding for vaccines as well as almost \$1 million dollar loss in state funding to Child Death Review as a result of statewide budget cuts. HSA funds were subsequently made available to meet vaccine needs.
- 3. Section Number:** Main
Field Name: StateMCHFundsExpended
Row Name: State Funds
Column Name: Expended
Year: 2004
Field Note:
The (\$6,202,087) variance represents \$9.3 million in Health Service Account vaccine funds for children and \$4.4 million in state funds applied to activities for the Maternal and Child population. Original projections were for achieving the Maintenance of Effort Amount (\$7,573,626) only.
- 4. Section Number:** Main
Field Name: LocalMCHFundsExpended
Row Name: Local MCH Funds
Column Name: Expended
Year: 2003
Field Note:
Local Funds: \$(9,214,603) variance: The negative variance reflects the shift in funding source for vaccines from state funds to HSA (Health Services Account) funds. This funding source had not previously been in Washington State's MCH program. This category also reflects local funding of approximately \$89,000.
- 5. Section Number:** Main
Field Name: LocalMCHFundsExpended
Row Name: Local MCH Funds
Column Name: Expended
Year: 2004
Field Note:
This amount, (\$93,582) represents unanticipated funding.
- 6. Section Number:** Main
Field Name: OtherFundsExpended
Row Name: Other Funds
Column Name: Expended
Year: 2004
Field Note:
This amount, (\$2,495,079) represents a shift in General Fund-State funds to Title XIX in order to leverage more funding for program activities. Additionally, GF-S funds, which had historically been available for MCHBG match were made available at the local level for LHJ's to use to match for T-19 activities related to the MCH population.
- 7. Section Number:** Main
Field Name: OtherFedFundsExpended
Row Name: Other Federal Funds
Column Name: Expended
Year: 2003
Field Note:
Other Federal Funds: \$(4,354,264) variance: FY03 Expended exceeds FY03 Budgeted primarily because of the \$3,147,866 increased amounts received for Immunizations from the CDC. OMCH received an EDDHI grant for \$226,027 as well as a Newborn Hearing Screening grant for \$177,623 after the FY03 estimates were submitted. Additionally, Title-19 match was \$150,240 more than estimated. The balance of the excess was due to small increases in existing grants' expenditures due to timing and carryforward.
- 8. Section Number:** Main
Field Name: OtherFedFundsExpended
Row Name: Other Federal Funds
Column Name: Expended
Year: 2004
Field Note:
The (\$2,901,081) variance is due to: The Immunizations program received approximately \$2 million more in funds. The Secondary Disability Prevention Grant increased by approximately \$375,000. Federal Title XIX funding increased by approximately \$600,000 and SPRANS funding increased by over \$400,000.

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: WA

	FY 2004		FY 2005		FY 2006	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 2,000,000	\$ 2,001,279	\$ 1,719,000	\$ 0	\$ 1,560,079	\$ 0
b. Infants < 1 year old	\$ 2,789,000	\$ 4,874,847	\$ 3,437,000	\$ 0	\$ 3,800,143	\$ 0
c. Children 1 to 22 years old	\$ 6,070,000	\$ 8,328,193	\$ 7,414,000	\$ 0	\$ 6,492,167	\$ 0
d. Children with Special Healthcare Needs	\$ 5,000,000	\$ 7,991,141	\$ 3,781,000	\$ 0	\$ 6,229,421	\$ 0
e. Others	\$ 200,000	\$ 391,029	\$ 86,000	\$ 0	\$ 304,823	\$ 0
f. Administration	\$ 879,289	\$ 1,595,377	\$ 750,371	\$ 0	\$ 1,243,661	\$ 0
g. SUBTOTAL	\$ 16,938,289	\$ 25,181,866	\$ 17,187,371	\$ 0	\$ 19,630,294	\$ 0
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 530,000		\$ 1,536,000		\$ 1,284,500	
b. SSDI	\$ 100,000		\$ 177,000		\$ 177,000	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 739,000		\$ 832,000		\$ 791,895	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 4,946,000		\$ 3,940,000		\$ 7,977,500	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
Interagency DSHS	\$ 0		\$ 0		\$ 1,200,000	
Title XIX	\$ 0		\$ 1,500,000		\$ 1,800,000	
Childcare Grant & UT	\$ 0		\$ 1,209,000		\$ 0	
CLDF (93.575)	\$ 1,100,000		\$ 0		\$ 0	
Domestic Violence (93.926)	\$ 150,000		\$ 0		\$ 0	
Title XIX (93.778)	\$ 1,200,000		\$ 0		\$ 0	
III. SUBTOTAL	\$ 8,765,000		\$ 9,194,000		\$ 13,230,895	

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: WA

	FY 2001		FY 2002		FY 2003	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 2,100,000	\$ 2,263,966	\$ 2,200,000	\$ 2,293,193	\$ 2,300,000	\$ 2,511,685
b. Infants < 1 year old	\$ 5,200,000	\$ 4,928,691	\$ 6,900,000	\$ 5,746,457	\$ 4,930,000	\$ 5,339,559
c. Children 1 to 22 years old	\$ 10,200,000	\$ 10,677,176	\$ 12,300,000	\$ 10,807,089	\$ 10,680,000	\$ 11,838,085
d. Children with Special Healthcare Needs	\$ 5,200,000	\$ 5,114,479	\$ 5,300,000	\$ 4,792,845	\$ 5,115,000	\$ 5,822,065
e. Others	\$ 300,528	\$ 267,705	\$ 285,000	\$ 176,843	\$ 270,000	\$ 127,024
f. Administration	\$ 1,200,000	\$ 1,011,420	\$ 1,349,681	\$ 863,950	\$ 694,662	\$ 748,988
g. SUBTOTAL	\$ 24,200,528	\$ 24,263,437	\$ 28,334,681	\$ 24,680,377	\$ 23,989,662	\$ 26,387,406
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 100,000		\$ 323,387		\$ 300,000	
b. SSDI	\$ 100,000		\$ 100,000		\$ 100,000	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 739,000		\$ 739,000		\$ 739,000	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 2,981,250		\$ 4,395,000		\$ 4,090,000	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
CCDF (93.575)	\$ 0		\$ 0		\$ 1,200,000	
Domestic Violence (93.926)	\$ 0		\$ 150,000		\$ 150,000	
TANF (93.558)	\$ 0		\$ 3,050,000		\$ 500,000	
Title XIX (93.778)	\$ 0		\$ 1,200,000		\$ 1,200,000	
CCDF (93.575)	\$ 0		\$ 1,070,000		\$ 0	
Title XIX	\$ 1,200,000		\$ 0		\$ 0	
III. SUBTOTAL	\$ 5,120,250		\$ 11,027,387		\$ 8,279,000	

FORM NOTES FOR FORM 4

None

FIELD LEVEL NOTES

1. Section Number: I. Federal-State MCH Block Grant Partnership

Field Name: Children_0_1Expended

Row Name: Infants <1 year old

Column Name: Expended

Year: 2004

Field Note:

The (\$2,085,847) variance is because of the following: In FY02, the Immunization Program lost \$7.4 million in state vaccine funding. Uncertainty regarding availability of H.S.A. (Health Service Account) expenditures to apply to the total MCHBG effort meant budget projections were reduced. Subsequent availability of H.S.A. expenditures accounts for \$2 million.

2. Section Number: I. Federal-State MCH Block Grant Partnership

Field Name: Children_1_22Expended

Row Name: Children 1 to 22 years old

Column Name: Expended

Year: 2003

Field Note:

Children 1-22 years old: (\$91,158,085) variance: Overall, expenditures have shifted to MCH emphasized categories and away from All Others. This is due to efforts to more appropriately meet MCH population needs and protect services in a down-turned economy. While not verifiable at this time, it is possible that better reporting from Local Health Jurisdictions accounts for the change. Timing differences were also a factor.

3. Section Number: I. Federal-State MCH Block Grant Partnership

Field Name: Children_1_22Expended

Row Name: Children 1 to 22 years old

Column Name: Expended

Year: 2004

Field Note:

The (\$2,258,193) variance is because of the following: In FY 02, the Immunization Program lost \$7.4 million in state vaccine funding. Uncertainty regarding availability of H.S.A. expenditures to apply to the total MCHBG effort meant budget projections were reduced. The subsequent availability of H.S.A. expenditures accounts for the \$2.9 million variance.

4. Section Number: I. Federal-State MCH Block Grant Partnership

Field Name: CSHCNExpended

Row Name: CSHCN

Column Name: Expended

Year: 2003

Field Note:

CSHCN: (\$707,065) variance: Overall, expenditures have shifted to MCH emphasized categories and away from All Others. This is due to efforts to more appropriately meet MCH population needs and protect services in a down-turned economy. While not verifiable at this time, it is possible that better reporting from the Local Health Jurisdictions accounts for the change. Timing differences are also a factor.

5. Section Number: I. Federal-State MCH Block Grant Partnership

Field Name: CSHCNExpended

Row Name: CSHCN

Column Name: Expended

Year: 2004

Field Note:

The \$2,991,141 variance is due to refined allocation of expenditures related to Immunizations.

6. Section Number: I. Federal-State MCH Block Grant Partnership

Field Name: AllOthersExpended

Row Name: All Others

Column Name: Expended

Year: 2003

Field Note:

All Others: \$142,976: The positive variance is due to a continuing shift of expenditures in other categories in order to increase emphasis on MCH population services as well as increased precision in reporting.

7. Section Number: I. Federal-State MCH Block Grant Partnership

Field Name: AllOthersExpended

Row Name: All Others

Column Name: Expended

Year: 2004

Field Note:

The variance of (\$191,029) represents an increase in owmen of childbearing age, who are not pregnant, seekign and receiving pareventive services. This variance also supports the increase in Direct Services and Population Based Services found in Form 5.

8. Section Number: I. Federal-State MCH Block Grant Partnership

Field Name: AdminExpended

Row Name: Administration

Column Name: Expended

Year: 2004

Field Note:

Administrative expenditures increased because Indirect expenditures increased from 3.2% of total expenditures in FY02 (upon which FY04 budget was based) to 4.6% of total actual expenditures. There was additionally a 1.4% increase in expenditures.

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: WA

TYPE OF SERVICE	FY 2004		FY 2005		FY 2006	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 1,100,000	\$ 1,341,207	\$ 1,095,000	\$ 0	\$ 1,045,526	\$ 0
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 4,308,000	\$ 4,252,543	\$ 3,209,000	\$ 0	\$ 3,315,031	\$ 0
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 3,200,000	\$ 12,099,303	\$ 8,035,000	\$ 0	\$ 9,431,902	\$ 0
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 8,330,289	\$ 7,488,813	\$ 4,848,371	\$ 0	\$ 5,837,835	\$ 0
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 16,938,289	\$ 25,181,866	\$ 17,187,371	\$ 0	\$ 19,630,294	\$ 0

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: WA

TYPE OF SERVICE	FY 2001		FY 2002		FY 2003	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 2,000,000	\$ 1,603,251	\$ 2,100,000	\$ 1,146,543	\$ 1,603,000	\$ 1,680,224
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 4,000,000	\$ 3,969,065	\$ 3,500,000	\$ 4,311,298	\$ 3,695,000	\$ 4,926,659
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 10,500,000	\$ 11,820,492	\$ 15,000,000	\$ 11,829,513	\$ 11,820,000	\$ 12,337,208
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 7,700,528	\$ 6,870,629	\$ 7,734,681	\$ 7,393,023	\$ 6,871,662	\$ 7,443,315
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 24,200,528	\$ 24,263,437	\$ 28,334,681	\$ 24,680,377	\$ 23,989,662	\$ 26,387,406

FORM NOTES FOR FORM 5

None

FIELD LEVEL NOTES

- 1. Section Number:** Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2004
Field Note:
The variance of (\$241,207) is because of the following: There was a 3.4% increase in MCHBG expenditures for Direct Services over FY02 (the actuals used in projecting FY04) for LHJ's. Possibly this is the affects of higher unemployment and and increased need for Direct Services in the MCH population. Additionally, the increase in "Others" in Form 4, who would represent women of childbearing age, who are not pregnant, would account for this increase.
- 2. Section Number:** Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2003
Field Note:
Enabling Services: \$(1,231,659) variance: Overall, Washington State expenditures in Form 5 increased over budgeted estimates. Total state and local funds expended increased by \$1,299,452 and MCHBG expended increased by \$1,098,292 across all categories. The negative variance of 33.33% in Enabling Services can be accounted for due to the following: Comparisons of percent budgeted of total amount budgeted versus percent expended of total amount expended across categories revealed no significant differences. Therefore, the variance is most likely due to increased state expenditures and increased MCHBG expenditures. The latter would be caused by timing differences.
- 3. Section Number:** Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2004
Field Note:
The variance of (\$8,899,303) is because of the following: In FY02 the Immunization Program lost \$7.4 million in state vaccine funding. Uncertainty regarding the availability of Health Services Account expenditures to apply to MCHBG total effort meant budget projections for this category were reduced. Additionally, an increase in "Others" in Form 4, non-pregnant women of childbearing age, support this increase.
- 4. Section Number:** Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services
Column Name: Expended
Year: 2004
Field Note:
The variance of \$841,476 is due to the following: In FY03 the Child Death Review program was eliminated, decreasing expenditures for this category by \$450,000. In FY02 a downturned economy and a slow recovery lead to projections of expenditure shifts to protect infrastructure. Comparison of actual expenditures for FY02 (\$7,393,023) reveal that the expenditure shift was not as significant as originally predicted.

FORM 6						
NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED						
Sect. 506(a)(2)(B)(iii)						
STATE: WA						
Total Births by Occurrence: 76,633				Reporting Year: 2003		
Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment(3)	
	No.	%			No.	%
Phenylketonuria	75,602	98.7	13	10	4	40
Congenital Hypothyroidism	75,602	98.7	47	39	39	100
Galactosemia	0	0	0	0	0	
Sickle Cell Disease	75,602	98.7	10	6	6	100
Other Screening (Specify)						
Congenital Adrenal Hyperplasia (CAH)	75,602	98.7	91	1	1	100
Screening Programs for Older Children & Women (Specify Tests by name)						
(1) Use occurrent births as denominator.						
(2) Report only those from resident births.						
(3) Use number of confirmed cases as denominator.						

FORM NOTES FOR FORM 6

These data come from the Department of Health Office of Newborn Screening database (updated monthly). The numerator is the number of live born infants in Washington that were reported as screened by the Office of Newborn Screening. The denominator is the number of live births occurring in Washington. Infants born on U.S. Military Installations were excluded. For 2003, the total excludes 3,060 military births, 77 valid refusals, 92 screened in Oregon, 160 died prior to getting a screen, & 62 babies who were not screened. The state currently screens for adrenal hyperplasia, PKU, hypothyroidism, and hemoglobinopathies. In FFY2003, Washington began to screen for galactosemia.

Follow-up on the 23 presumptive positive lab results resulted in 10 diagnosed with PKU (13 false positive), of these, 6 had hyper-phenylalanine levels requiring monitoring but have not yet reached phenylalanine levels that require Metabolic Treatment Product. 4 did require, and have been placed on, Metabolic Treatment Product.

Numerator==75,602

Den== 80,022-Exclusions (329) – Military (3,060) = 76,633

Total screened = 98.7%

FIELD LEVEL NOTES

1. **Section Number:** Main

Field Name: Galactosemia_OneScreenNo

Row Name: Galactosemia

Column Name: Receiving at least one screen

Year: 2006

Field Note:

Data were unavailable for 2003.

Screening for galactosemia began in Federal Fiscal Year 2003, on January 1, 2004. Therefore, 2004 data are unavailable at this time.

2. **Section Number:** Main

Field Name: Galactosemia_Presumptive

Row Name: Galactosemia

Column Name: Presumptive positive screens

Year: 2006

Field Note:

Data were unavailable for 2003.

Screening for galactosemia began in Federal Fiscal Year 2003, on January 1, 2004. Therefore, 2004 data are unavailable at this time.

3. **Section Number:** Main

Field Name: Galactosemia_Confirmed

Row Name: Galactosemia

Column Name: Confirmed Cases

Year: 2006

Field Note:

Data were unavailable for 2003.

Screening for galactosemia began in Federal Fiscal Year 2003, on January 1, 2004. Therefore, 2004 data are unavailable at this time.

4. **Section Number:** Main

Field Name: Phenylketonuria_TreatmentNo

Row Name: Phenylketonuria

Column Name: Needing treatment that received treatment

Year: 2006

Field Note:

Follow-up on the 23 presumptive positive lab results resulted in 10 diagnosed with PKU (13 false positive), of these, 6 had hyper-phenylalanine levels requiring monitoring but have not yet reached phenylalanine levels that require Metabolic Treatment Product. 4 did require, and have been placed on, Metabolic Treatment Product.

5. **Section Number:** Main

Field Name: Galactosemia_TreatmentNo

Row Name: Galactosemia

Column Name: Needing treatment that received treatment

Year: 2006

Field Note:

Data were unavailable for 2003.

Screening for galactosemia began in Federal Fiscal Year 2003, on January 1, 2004. Therefore, 2004 data are unavailable at this time.

6. **Section Number:** Other Screening Types

Field Name: Other

Row Name: All Rows

Column Name: All Columns

Year: 2006

Field Note:

Galactosemia was not screened for during the year of 2003. Instead, congenital adrenal hyperplasia (CAH) was screened.

FORM 7
NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V
(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)

[Sec. 506(a)(2)(A)(i-ii)]

STATE: WA

Reporting Year: 2004

Types of Individuals Served	TITLE V	PRIMARY SOURCES OF COVERAGE				
	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	21,286	90.0		7.0	3.0	0.0
Infants < 1 year old	77,774	45.6	0.0	47.0	7.4	0.0
Children 1 to 22 years old	351,984	37.4	0.5	52.8	9.3	0.0
Children with Special Healthcare Needs	10,587	79.0		15.0	6.0	0.0
Others	2,850	44.0	0.0	20.0	36.0	0.0
TOTAL	464,481					

FORM NOTES FOR FORM 7

Number of Individuals Served (Unduplicated) under Title V

Total Served: Total served is the unduplicated total number of individuals receiving a direct service from the Title V program by class of individual. The number of pregnant women served, children with special health care needs served, and others served comes from reporting of direct services by local health jurisdictions across the state. The number of infants < 1 year of age served is the number of newborns screened in 2004 from the Newborn Screening Program, Washington State Department of Health Public Health Laboratories. The number of children ages 1 to 22 served includes those children ages 1 to 6 that are sent CHILD Profile Health promotion materials through the mail. In order to eliminate the possibility of duplication with the number of children served by LHJs in a variety of service and referral programs that include health promotion, only 50% of the children reported served by LHJs are added to the number of children receiving CHILD Profile packets. In 1998, CHILD Profile Health Promotion expansion was initiated, and on January 1, 2002 DOH assumed responsibility for the entire CHILD Profile system. In FFY 2004, Health Promotion materials were sent to parents of 336,876 children. On June 30, 2004, CHILD Profile Health Promotion will complete statewide expansion with 90% of parents of children 0-6 years being sent the materials.

Primary Source of Coverage: These data were obtained through LHJs; Medicaid Management Information System (MMIS) eligibility files, Medical Assistance Administration (MAA), Washington State Department of Social and Health Services; First Steps Database, Washington Department of Social and Health Services; and the Washington State Office of Financial Management.

FIELD LEVEL NOTES

None

FORM 8
DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE
XIX
(BY RACE AND ETHNICITY)
[SEC. 506(A)(2)(C-D)]
STATE: WA

Reporting Year: 2003

I. UNDUPLICATED COUNT BY RACE

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
DELIVERIES								
Total Deliveries in State	79,237	55,250	2,786	1,427	5,811	614	3,156	10,193
Title V Served	17,947	12,514	631	323	1,316	139	715	2,309
Eligible for Title XIX	36,118	21,356	1,830	1,100	1,872	402	1,869	7,689
INFANTS								
Total Infants in State	80,471	56,164	2,845	1,447	5,880	624	3,199	10,312
Title V Served	75,601	52,766	2,673	1,359	5,524	586	3,005	9,688
Eligible for Title XIX	36,584	21,635	1,868	1,114	1,889	409	1,893	7,776

II. UNDUPLICATED COUNT BY ETHNICITY

HISPANIC OR LATINO (Sub-categories by country or area of origin)								
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
DELIVERIES								
Total Deliveries in State	63,872	13,206	2,159	10,999	58	306	0	1,947
Title V Served	14,435	2,985	488	2,486	13	69	0	54
Eligible for Title XIX	25,171	10,049	898	8,777	25	162	0	1,158
INFANTS								
Total Infants in State	64,916	13,339	2,216	11,103	58	311	0	1,974
Title V Served	60,956	12,525	2,081	10,426	54	292	0	1,854
Eligible for Title XIX	25,516	10,146	922	8,855	25	166	0	1,175

FORM NOTES FOR FORM 8

Deliveries and Infants served by Title V and entitled to benefits under Title XIX.

Total Deliveries in State:

The population-based total of all resident deliveries occurring in Washington State for 2003 was obtained from the First Steps Database (FSDB), Washington State Department of Social and Health Services, 3/11/05, using 2003 Washington State Birth Certificate Files. The FSDB number of deliveries is unduplicated by woman (in the case of multiple births) and includes fetal deaths.

Title V Served: No contractors are using Maternal and Child Health funds for direct prenatal care, delivery and postpartum services. This number represents the total number of pregnant women served by all LHJs in 2003, and was reported in Form 7 of 2005 Maternal and Child Health Block Grant Application.

Eligible for XIX: Those eligible for Title XIX were determined by the number of Medicaid deliveries, by race and ethnicity, reported in the First Steps Database, Washington State of Social and Health Services, 3/11/05. These data reflect Washington state residents.

Total Infants in State:

The population-based total of all infants (<1year old) by race in Washington State for 2003 was derived from the total number of births by residence in the state by maternal race from the Washington State Birth Certificate Files. The number of infants is computed by counting all live born infants (fetal deaths are excluded).

Title V Served: The total number of infants served under Title V is the number of infants receiving newborn screening in 2003, as reported on Form 6. These data were obtained from the Newborn Screening Program, Washington State Department of Health Public Health Laboratories.

Eligible for XIX: Those eligible for Title XIX were determined by the number of births reported by Medicaid status, maternal race, and maternal ethnicity in the First Steps Database, Washington State of Social and Health Services, 3/11/05.

FIELD LEVEL NOTES

1. Section Number: II. Unduplicated Count by Ethnicity

Field Name: DeliveriesTotal_TotalHispanic

Row Name: Total Deliveries in State

Column Name: Total Hispanic or Latino

Year: 2006

Field Note:

Total Hispanic/Latino may not be equal to the sub-categories. Some of the birth certificate records have multiple ethnicities indicated, so the subtotals are not mutually exclusive.

2. Section Number: II. Unduplicated Count by Ethnicity

Field Name: DeliveriesTitleV_TotalHispanic

Row Name: Title V Served

Column Name: Total Hispanic or Latino

Year: 2006

Field Note:

Total Hispanic/Latino may not be equal to the sub-categories. Some of the birth certificate records have multiple ethnicities indicated, so the subtotals are not mutually exclusive.

3. Section Number: II. Unduplicated Count by Ethnicity

Field Name: DeliveriesTitleXIX_TotalHispanic

Row Name: Eligible for Title XIX

Column Name: Total Hispanic or Latino

Year: 2006

Field Note:

Total Hispanic/Latino may not be equal to the sub-categories. Some of the birth certificate records have multiple ethnicities indicated, so the subtotals are not mutually exclusive.

4. Section Number: II. Unduplicated Count by Ethnicity

Field Name: InfantsTotal_TotalHispanic

Row Name: Total Infants in State

Column Name: Total Hispanic or Latino

Year: 2006

Field Note:

Total Hispanic/Latino may not be equal to the sub-categories. Some of the birth certificate records have multiple ethnicities indicated, so the subtotals are not mutually exclusive.

5. Section Number: II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleV_TotalHispanic

Row Name: Title V Served

Column Name: Total Hispanic or Latino

Year: 2006

Field Note:

Total Hispanic/Latino may not be equal to the sub-categories. Some of the birth certificate records have multiple ethnicities indicated, so the subtotals are not mutually exclusive.

6. Section Number: II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleXIX_TotalHispanic

Row Name: Eligible for Title XIX

Column Name: Total Hispanic or Latino

Year: 2006

Field Note:

Total Hispanic/Latino may not be equal to the sub-categories. Some of the birth certificate records have multiple ethnicities indicated, so the subtotals are not mutually exclusive.

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: WA

	FY 2006	FY 2005	FY 2004	FY 2003	FY 2002
1. State MCH Toll-Free "Hotline" Telephone Number	800-322-2588	800-322-2588	800-322-2588	(800) 322-2588	(800) 322-2588
2. State MCH Toll-Free "Hotline" Name	Healthy Mothers Healthy Babies	Healthy Mothers Healthy Babies	Healthy Mothers Healthy Babies	Healthy Mothers Healthy Babies	Healthy Mothers Healthy Babies
3. Name of Contact Person for State MCH "Hotline"	Vicki M. Bouvier	Vicki M. Bouvier	Nancy Welton	Nancy Welton (360) 236-	Nancy Welton (360) 236-
4. Contact Person's Telephone Number	(360) 236-3459	(360) 236-3459	(360) 236-3524	Tom Rogers (360) 236	Johanna Flynn (360) 236
5. Number of calls received on the State MCH "Hotline" this reporting period	0		32,773	54,593	47,849

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: WA

	FY 2006	FY 2005	FY 2004	FY 2003	FY 2002
1. State MCH Toll-Free "Hotline" Telephone Number					
2. State MCH Toll-Free "Hotline" Name					
3. Name of Contact Person for State MCH "Hotline"					
4. Contact Person's Telephone Number					
5. Number of calls received on the State MCH "Hotline" this reporting period	0	0	0	0	0

FORM NOTES FOR FORM 9

None

FIELD LEVEL NOTES

1. **Section Number:** Main

Field Name: calls_2

Row Name: Number of calls received On the State MCH Hotline This reporting period

Column Name: FY

Year: 2004

Field Note:

In January 2004, Healthy Mothers Healthy Babies completed a data conversion project to more accurately track the types of calls received. This has reduced the number of calls reported for FFY 2004 for two reasons. First, the data now includes only MCH-specific calls, whereas past years' data included calls for two other hotlines operated by Healthy Mothers Healthy Babies. And second, calls received from October 1, 2003 through December 31, 2003 were not captured as a comparison could not be made between the new data system and the old.

FORM 10
TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT
STATE PROFILE FOR FY 2006
[SEC. 506(A)(1)]
STATE: WA

1. State MCH Administration:
(max 2500 characters)

The Department of Health is the state agency which administers the MCH Block Grant in the state of Washington. The Office of Maternal and Child Health is located in the Division of Community and Family Health under the direction of the Assistant Secretary, Patty Hayes. OMCH is divided into the following sections: Maternal Infant Health, Child and Adolescent Health, Children with Special Health Care Needs, Genetics Services, Immunizations/CHILD Profile, and Assessment. These sections are focused primarily on infrastructure-building, with the majority of direct health care, enabling, and population-based Title V services contracted and provided through 35 local health jurisdictions and other agencies throughout the state.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 9,556,668
3. Unobligated balance (Line 2, Form 2)	\$ 0
4. State Funds (Line 3, Form 2)	\$ 7,573,626
5. Local MCH Funds (Line 4, Form 2)	\$ 0
6. Other Funds (Line 5, Form 2)	\$ 2,500,000
7. Program Income (Line 6, Form 2)	\$ 0
8. Total Federal-State Partnership (Line 8, Form 2)	\$ 19,630,294

9. Most significant providers receiving MCH funds:

Local Health Jurisdictions
Children's Hospital and Regional Medical Center
Univeristy of Washington
Neurodevelopmental Centers

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	21,286
b. Infants < 1 year old	77,774
c. Children 1 to 22 years old	351,984
d. CSHCN	10,587
e. Others	2,850

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:
(max 2500 characters)

Determine family eligibility for financial and support services and coordinate through state and county CSHCN programs and medical homes. Purchase and distribute medically necessary formulas and low-protein foods for individuals with PKU and other metabolic disorders. Contract with LHJs for activities that increase awareness of, and access to, medical homes within their communities. Provide limited diagnostic and treatment funds to fill gaps in services for children with special needs, including those for undocumented children with special needs. Contract with Neurodevelopmental Centers (NDCs) to support community-based collaborations among NDCs, local health agencies, and other partners. Send parents age-specific reminders of the need for well-child checkups and immunizations via CHILD Profile Health Promotion. Select, fund, and evaluate three to five sites for the teen pregnancy prevention project that incorporates community-based interventions with a family planning component. Develop, pilot, and evaluate abstinence education-based media literacy curriculum for youth at five sites. Offer oral health funding to all local health jurisdictions through MCH consolidated contracts, which may include support for, and referral to, sealant programs. Provide breastfeeding support and education to low income women on Medicaid through Maternity Support Services. Make Maternity Support Service/Infant Case Management provider referrals for newborn and pediatric care. Refer eligible families to Medicaid services through local health jurisdictions. Increase smoking cessation referrals during pregnancy through the Maternity Support Services Tobacco Initiative. Provide Motivational Interview training for health care professionals to improve client compliance with basic healthy behaviors throughout pregnancy. Fund Regional Perinatal Centers to provide professional education, consultation, and transportation of high-risk pregnant women and neonates. Promote Medicaid "Take Charge Program" to increase family planning services for men and women. Send genetic brochure through Healthy Mothers, Healthy Babies (HMHB) prenatal mailings.

b. Population-Based Services:
(max 2500 characters)

Develop and implement policy based on the outcome evaluation from WISE pilots regarding community care coordination. Contract with Community/Migrant Health Centers to enhance use of the Washington State Immunization registry in clinic practice. Collect data to inform the development of statewide public awareness campaign regarding abstinence education (Ab-Ed) targeting youth ages 10 – 14 years and parents. Implement and monitor the Ab-Ed-based statewide public awareness campaign targeting youth and parents. Provide parents of children 0 – 6 years with car seat and booster seat information and resources via CHILD Profile Health Promotion Materials. Promote the use of car seats, booster seats, and other motor vehicle safety activities by several local health jurisdictions. Contract with CHRMC to promote universal newborn hearing screening in birthing hospitals. Provide education and consultation to health care professionals in management of very low birthweight infants and high-risk pregnancies through Regional Perinatal Centers. Collaborate with March of Dimes on Prematurity prevention campaign. Continue to collaborate with the DOH, Office of Injury Prevention to impellent and evaluate the Youth Suicide Prevention program. Include emergency contraception information in the medical meeting display to increase provider awareness and promote pre-exposure dissemination. Provide messages about birth spacing and family planning in the CHILD Profile parent education letter. Work with MAA to implement the Smoking Cessation benefit for pregnant women. Develop and disseminate provider reference card. Send informational mailing to obstetric providers about prevention or testing for birth defects or genetic disease. Assist in the distribution of materials related to domestic violence including the safety cards produced by the state Department of Social and Health Services. Disseminate Social and Emotional Development messages to parents of children 0 – 6 years of age through the CHILD Profile Health Promotion System. Enhance participation of organizations that serve the MCH population in the Food Stamp Nutrition Education Program and the Summer Food Service Program.

c. Infrastructure Building Services:
(max 2500 characters)

Collect long-term outcome data to evaluate the benefits of various components of treatment, compliance, and intervention. Develop a data system linking newborn screening

records with hearing screening. Contract with the Center for Children with Special Needs and Children's Hospital and Regional Medical Center (CHPMC) to provide ongoing analysis of available data on children with special needs. Ensure family representation in policy development through contracts with local health jurisdictions (LHJs) and other contractors and through ongoing dialogue at CSHCN Communication Network meetings. Support the Medical Home Learning Network and the Medical Home grant through staff involvement and leadership to increase awareness of medical homes statewide. Maintain the network of CSHCN Coordinators and interagency collaborations to provide forums for system improvement that include families as partners; and provide learning opportunities about local, state, and national systems for children with special needs. Contract with LHJs and others to complete immunization AFIX visits to enrolled private provider sites. Partner with LHJs to conduct population-based surveys to assess immunization levels of two year old children. Contract with federally-recognized tribes to help build capacity to assess immunization coverage rates. Collect, analyze, and disseminate results of the Smile Survey, which looks at the oral health status of children in the state through a randomized sampling process. Review Medicaid and ABCD data on provision of sealants through annual consultation with DSHS, MAA. Review all unexpected deaths (include motor vehicle crash deaths) of children 0 – 18 by local CDR teams to identify community prevention strategies. Collaborate with the injury prevention programs outside MCH such as Safe Kids State Coalition and DOH cross-division Injury Prevention Workgroup. Recommend lactation support at all hospitals with delivery services through a Perinatal Level of Care document. Collect PRAMS data that measures breastfeeding rates, trends, and disparities between groups. Develop an EHDDI tracking and surveillance system. Conduct annual newborn hearing screening survey with birthing hospitals across the state.

12. The primary Title V Program contact person:

Name	<u>Jan Fleming</u>
Title	<u>OMCH Director</u>
Address	<u>Post Office Box 47835</u>
City	<u>Olympia</u>
State	<u>Washington</u>
Zip	<u>98504-7835</u>
Phone	<u>(360) 236-3581</u>
Fax	<u>(360) 236-2323</u>
Email	<u>Jan.Fleming@doh.wa.gov</u>
Web	<u>www.doh.wa.gov</u>

13. The children with special health care needs (CSHCN) contact person:

Name	<u>Maria Nardella</u>
Title	<u>CSHCN Section Manager</u>
Address	<u>Post Office Box 47880</u>
City	<u>Olympia</u>
State	<u>Washington</u>
Zip	<u>98504-7880</u>
Phone	<u>(360) 236-3573</u>
Fax	<u>(360) 236-2323</u>
Email	<u>Maria.Nardella@doh.wa.gov</u>
Web	<u>www.doh.wa.gov</u>

FORM NOTES FOR FORM 10

None

FIELD LEVEL NOTES

None

FORM 11
TRACKING PERFORMANCE MEASURES
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]
STATE: WA

PERFORMANCE MEASURE # 01

The percent of newborns who are screened and confirmed with condition(s) mandated by their State-sponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) who receive appropriate follow up as defined by their State.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective		99.5	99.6	99.7	99.7
Annual Indicator		93.6	93.9	89.3	100.0
Numerator		44	46	50	69
Denominator		47	49	56	69
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	95	96	97	98	99
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 02

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective				54.9	54.9
Annual Indicator			54.9	54.9	54.9
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	56	56.5	57	57.5	58
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 03

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective				53.6	53.6
Annual Indicator			53.6	53.6	53.6
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	53	53	53	53	54
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

PERFORMANCE MEASURE # 04

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective				64.4	64.4
Annual Indicator			64.4	64.4	64.4
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	63	63	63	63	69.5
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

PERFORMANCE MEASURE # 05

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective				74.1	74.1
Annual Indicator			74.1	74.1	74.1
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	74.6	74.6	74.6	74.6	78
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

PERFORMANCE MEASURE # 06

The percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective				5.8	5.8
Annual Indicator			5.8	5.8	5.8
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	8.3	8.3	8.3	8.3	14.3
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

PERFORMANCE MEASURE # 07

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	82	82.5	83	75	76.4
Annual Indicator	72.5	71.2	69.2	75.3	75.3
Numerator	57,141	56,890	54,681	61,045	
Denominator	78,816	79,903	79,019	81,069	
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	77	78	79	79	79
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

PERFORMANCE MEASURE # 08

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	23.8	23	22.2	16.5	16.1
Annual Indicator	20.4	17.7	16.8	15.3	15.3
Numerator	2,559	2,251	2,151	1,976	
Denominator	125,235	127,203	128,193	128,868	
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	14	14	14	14	14
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

PERFORMANCE MEASURE # 09

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	48.2	48.6	48.9	49.3	49.6
Annual Indicator	55.5	55.5	55.5	55.5	55.5
Numerator	50,993	50,993	45,800	46,009	
Denominator	91,938	91,938	82,570	82,900	
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	55.5	55.5	55.5	55.5	55.5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 10

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	3	3	3	2.9	2.9
Annual Indicator	3.4	2.8	2.7	2.9	2.9
Numerator	43	35	34	37	
Denominator	1,255,051	1,258,895	1,260,062	1,256,446	
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	2.5	2.4	2.3	2.2	2.1
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 11

Percentage of mothers who breastfeed their infants at hospital discharge.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	90	90.5	91	91.5	92
Annual Indicator	88.0	90.0	87.0	90.0	90
Numerator	68,900	69,192	68,733	72,434	
Denominator	78,291	76,881	79,003	80,482	
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	89	89	90	90	90
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 12

Percentage of newborns who have been screened for hearing before hospital discharge.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	10	30	50	70	90
Annual Indicator	22.5	40.9	62.2	81.0	85.0
Numerator	18,212	32,028	47,550	59,619	67,174
Denominator	80,981	78,310	76,458	73,649	79,028
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	90	92	94	96	98
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	6.6	6.5	6.4	6.3	6.2
Annual Indicator	5.5	5.5	4.5	4.5	6.0
Numerator	83,925	83,925	73,077	73,077	98,000
Denominator	1,525,907	1,525,907	1,623,925	1,623,925	1,638,000
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	5	5	5	5	5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 14

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	90	89.5	90	90.5	91
Annual Indicator	93.5	67.4	91.4	88.9	88.9
Numerator	444,845	242,365	587,057	605,669	
Denominator	475,567	359,757	642,455	681,060	
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	90	90	90	90	90
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 15

The percent of very low birth weight infants among all live births.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	0.95	1	1	1	1
Annual Indicator	1.0	1.0	1.0	1.0	1
Numerator	773	825	774	809	
Denominator	80,653	79,142	77,970	80,482	
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	1	1	1	1	1
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 16

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	11.8	11.7	11.7	8.5	8.4
Annual Indicator	9.8	8.0	8.7	9.6	9.6
Numerator	42	35	38	42	
Denominator	427,968	435,035	437,828	439,282	
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	8.9	8.6	8.4	8.2	8
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 17

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	79.4	79.6	79.8	80	80.2
Annual Indicator	73.1	75.4	82.6	83.4	83.4
Numerator	520	582	617	627	
Denominator	711	772	747	752	
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	85	86	87	88	88
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 18

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	85	85.5	86	84.2	85.1
Annual Indicator	82.6	83.2	83.4	81.5	81.5
Numerator	61,700	60,771	60,076	52,883	
Denominator	74,676	73,038	72,055	64,907	
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	83	83	83	83	83
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 1

The percent of pregnancies (live births, fetal deaths, abortions) that are unintended.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	47%	44	41	53.9	52.8
Annual Indicator	53.0	53.9	54.6	53.2	53.2
Numerator	56,185	56,619	57,047	56,173	
Denominator	106,010	105,140	104,449	105,588	
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 2

The percent of pregnant women abstaining from smoking.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	86.5%	87.5%	88.0%	88.5%	89.0%
Annual Indicator	86.5	87.4	88.0	89.1	89.1
Numerator	66,934	67,779	67,727	70,704	
Denominator	77,384	77,587	76,929	79,328	
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 3

Percent of women who receive counseling from their prenatal health care provider on tests for identifying birth defects or genetic disease.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	90	90.1	90.2	90.3	90.4
Annual Indicator	87.0	88.0	89.0	87.6	87.6
Numerator	68,125	67,673	67,218	68,066	
Denominator	78,291	76,881	75,526	77,701	
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 4

Establish state and local capacity for determining the prevalence of children with special health care needs.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	40	60	80	100	100
Annual Indicator	40	63	80	100	100
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 5

To reduce the prevalence of 8th grade youth who report smoking one or more cigarettes in the last 30 days.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective		12.3	12.0	11.8	11.5
Annual Indicator	12.5	12.5	9.2	9.2	7.8
Numerator	9,644	9,644	6,774	6,774	6,414
Denominator	77,149	77,149	73,634	73,634	82,234
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 6

The percent of women who are screened for domestic violence during their prenatal care visits. (SP 11 Revised.)

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	40%	42%	44%	46%	48%
Annual Indicator	40.0	49.0	46.0	48.9	48.9
Numerator	31,506	37,849	34,205	37,996	
Denominator	78,765	77,242	74,358	77,701	
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 7

Increase the capacity of MCH to assess mental health needs of the child and adolescent population and to promote early identification, prevention and intervention services.

Annual Objective and Performance Data					
	2000	2001	2002	2003	2004
Annual Performance Objective		20	49	67	80
Annual Indicator	20.0	20.0	40.0	56	76
Numerator	3	3	6		
Denominator	15	15	15		
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 8

The percent of women who are screened during prenatal care visits for smoking, alcohol use, illegal drug use, HIV status, and postpartum birth control plans.

Annual Objective and Performance Data					
	2000	2001	2002	2003	2004
Annual Performance Objective	57%	59%	61%	63%	65%
Annual Indicator	48.0	49.0	50.0	45.9	46
Numerator	37,582	37,672	38,188	35,665	
Denominator	78,291	76,881	76,376	77,701	
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 9

Develop and implement a set of measurable indicators and a strategic plan to improve food security in the Washington MCH population, that is, absence of skipped meals or hunger due to lack of food.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective		33	66	80	100
Annual Indicator	26.7	33.3	53.3	63.5	70
Numerator	4	5	8		
Denominator	15	15	15		
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 10

Increase statewide system capacity to promote health and safety in child care.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective		25	50	70	85
Annual Indicator		5.0	35.0	64	74.5
Numerator		1	7		
Denominator		20	20		
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

FORM NOTES FOR FORM 11

PERFORMANCE OBJECTIVES: FUTURE TARGETS WERE CHOSEN FROM A COMBINATION OF MATERNAL AND CHILD HEALTH STAFF DISCUSSIONS AND TREND ANALYSES.

FIELD LEVEL NOTES

1. **Section Number:** Performance Measure #1

Field Name: PM01

Row Name:

Column Name:

Year: 2002

Field Note:

The percent of newborns in the State with at least one screening for each of PKU, hypothyroidism, galactosemia, hemoglobinopathies with appropriate referral. These data come from Form 6. The numerator is the number of live born infants born in Washington that were reported by the Office of Newborn Screening as screened and were a confirmed case that received treatment. The denominator is the number that were screened and were a confirmed case. In 2001, 99.7% of newborns received a newborn screening. The state currently screens for adrenal hyperplasia, PKU, hypothyroidism, and hemoglobinopathies. Washington does not screen for galactosemia. See Form 6 for details on conditions.

2. **Section Number:** Performance Measure #1

Field Name: PM01

Row Name:

Column Name:

Year: 2003

Field Note:

The percent of newborns in the State with at least one screening for each of PKU, hypothyroidism, hemoglobinopathies, and congenital adrenal hyperplasia with appropriate referral.

These data come from Form 6. The numerator is the number of live born infants born in Washington that were reported by the Office of Newborn Screening as screened and were a confirmed case that received treatment. The denominator is the number that were screened and were a confirmed case. In 2003, 98.7% of newborns received a newborn screening. The state currently screens for adrenal hyperplasia, PKU, hypothyroidism, congenital adrenal hyperplasia, and hemoglobinopathies. Washington began screening for galactosemia in FFY 2003. See Form 6 for details on conditions.

3. **Section Number:** Performance Measure #1

Field Name: PM01

Row Name:

Column Name:

Year: 2004

Field Note:

The percent of newborns in the State with at least one screening for each of PKU, hypothyroidism, hemoglobinopathies, and congenital adrenal hyperplasia with appropriate referral.

These data come from Form 6. The numerator is the number of live born infants born in Washington that were reported by the Office of Newborn Screening as screened and were a confirmed case that received treatment. The denominator is the number that were screened and were a confirmed case. In 2004, 100% of newborns received a newborn screening. The state currently screens for adrenal hyperplasia, PKU, hypothyroidism, congenital adrenal hyperplasia, and hemoglobinopathies. Washington began screening for galactosemia in FFY 2003. See Form 6 for details on conditions.

PERFORMANCE OBJECTIVES: Future targets were chosen from a combination of Maternal and Child Health staff discussions and trend analyses.

4. **Section Number:** Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2002

Field Note:

The 2002 indicator is based on the State estimates from SLAITS. A target for this performance measure will be established next year once the data from SLAITS has been analyzed.

5. **Section Number:** Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2003

Field Note:

The source is the CHSCN Survey from the MCHB. No new data were available.

6. **Section Number:** Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2004

Field Note:

The source is the CHSCN Survey from the MCHB. No new data were available

PERFORMANCE OBJECTIVES: Future targets were chosen from a combination of Maternal and Child Health staff discussions and trend analyses.

7. **Section Number:** Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2002

Field Note:

The 2002 indicator is based on the State estimates from SLAITS. . A target for this performance measure will be established next year once the data from SLAITS has been analyzed.

8. **Section Number:** Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2003

Field Note:

The source is the CHSCN Survey from the MCHB. No new data were available.

9. **Section Number:** Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2004

Field Note:

The source is the CHSCN Survey from the MCHB. No new data were available.

PERFORMANCE OBJECTIVES: Future targets were chosen from a combination of Maternal and Child Health staff discussions and trend analyses.

10. Section Number: Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2002

Field Note:

The 2002 indicator is based on the State estimates from SLAITS. . A target for this performance measure will be established next year once the data from SLAITS has been analyzed.

11. Section Number: Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2003

Field Note:

The source is the CHSCN Survey from the MCHB. No new data are available.

12. Section Number: Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2004

Field Note:

The source is the CHSCN Survey from the MCHB. No new data were available

PERFORMANCE OBJECTIVES: Future targets were chosen from a combination of Maternal and Child Health staff discussions and trend analyses.

13. Section Number: Performance Measure #5

Field Name: PM05

Row Name:

Column Name:

Year: 2002

Field Note:

The 2002 indicator is based on the State estimates from SLAITS. . A target for this performance measure will be established next year once the data from SLAITS has been analyzed.

14. Section Number: Performance Measure #5

Field Name: PM05

Row Name:

Column Name:

Year: 2003

Field Note:

The source is the CHSCN Survey from the MCHB. No new data were available.

15. Section Number: Performance Measure #5

Field Name: PM05

Row Name:

Column Name:

Year: 2004

Field Note:

The source is the CHSCN Survey from the MCHB. No new data were available

PERFORMANCE OBJECTIVES: Future targets were chosen from a combination of Maternal and Child Health staff discussions and trend analyses.

16. Section Number: Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2002

Field Note:

Because only one of the States (Maine) met the NCHS standards for reliability for PM 6, the 2002 indicator is the national average except for Maine which has its State value noted.. A target for this performance measure will be established next year once the data from SLAITS has been analyzed.

17. Section Number: Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2003

Field Note:

The source is the CHSCN Survey from the MCHB. No new data were available.

18. Section Number: Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2004

Field Note:

The source is the CHSCN Survey from the MCHB. No new data were available

PERFORMANCE OBJECTIVES: Future targets were chosen from a combination of Maternal and Child Health staff discussions and trend analyses.

19. Section Number: Performance Measure #7

Field Name: PM07

Row Name:

Column Name:

Year: 2002

Field Note:

Percent of children through age 2 who have completed immunizations for Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, Hepatitis B.

Numerator data came from the National Immunization Survey 2001, Centers for Disease Control and Prevention (CDC). This estimate is based on the provider-verified responses for children who live in households with telephones. Statistical methods are used to adjust for children whose parents refuse to participate, those who live in households without telephones, or those whose immunization histories cannot be verified through their providers. The numerator is the estimated number of children with completed immunizations. Denominator data came from the Washington State Office of Financial Management.

20. Section Number: Performance Measure #7

Field Name: PM07

Row Name:

Column Name:

Year: 2003

Field Note:

Numerator data came from the National Immunization Survey 2003, Centers for Disease Control and Prevention (CDC). This estimate is based on the provider-verified responses for children who live in households with telephones. Statistical methods are used to adjust for children whose parents refuse to participate, those who live in households without telephones, or those whose immunization histories cannot be verified through their providers. The numerator is the estimated number of children with completed immunizations. Denominator data came from the Washington State Office of Financial Management. We adjusted the previous year's data to include only 2 year olds per the detail sheet for this performance measure.

21. Section Number: Performance Measure #7

Field Name: PM07

Row Name:

Column Name:

Year: 2004

Field Note:

Data were unavailable for the year 2004.

Data came from the National Immunization Survey 2003, Centers for Disease Control and Prevention (CDC). This estimate is based on the provider-verified responses for children who live in households with telephones. Statistical methods are used to adjust for children whose parents refuse to participate, those who live in households without telephones, or those whose immunization histories cannot be verified through their providers. The numerator is the estimated number of children with completed immunizations. Denominator data came from the Washington State Office of Financial Management. We adjusted the previous year's data to include only 2 year olds per the detail sheet for this performance measure.

PERFORMANCE OBJECTIVES: Future targets were chosen from a combination of Maternal and Child Health staff discussions and trend analyses.

22. Section Number: Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2002

Field Note:

The rate of births (per 1,000) for teenagers ages 15-17 years.

The source of these data is the Washington Center for Health Statistics Birth Certificate files (updated annually between September and October). The numerator is defined as the number of live births to women ages 15-17. The denominator is the estimate of 15-17 year old women in Washington on April 1, 2001, from Office of Financial Management. Missing data are excluded. Less than 1% of the age data are missing.

23. Section Number: Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2003

Field Note:

The source of these data is the Washington Center for Health Statistics Birth Certificate files (updated annually between September and October). The numerator is defined as the number of live births to women ages 15-17. The denominator is the estimate of 15-17 year old women for the year 2003 in Washington on February 2005, from Office of Financial Management. Missing data are excluded. Less than 1% of the age data are missing.

24. Section Number: Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2004

Field Note:

Data were currently unavailable for 2004.

PERFORMANCE OBJECTIVES: Future targets were chosen from a combination of Maternal and Child Health staff discussions and trend analyses.

25. Section Number: Performance Measure #9

Field Name: PM09

Row Name:

Column Name:

Year: 2002

Field Note:

Percent of third graders with sealants.

These data were obtained from the Smile Survey 2000. The percent of third grade children who have received protective sealants on at least one permanent molar tooth is 55.5 (95% Confidence Interval is 52.7-58.3). For this survey, an electronic list of all public elementary schools in Washington was obtained from the Office of Superintendent of Public Instruction. Fifty-five schools with at least 25 children in second and/or third grade were randomly selected for participation. Seven of the schools refused to participate resulting in 48 schools with an enrollment of 6,814 children in second and third grade. Of the total 2,699 children who participated, 1,217 were in third grade. Schools who participated were more likely to have a low-income student body, and students who participated were also more likely to be low income. The children taking part in this survey are not representative of the state as a whole, since both minority children and low-income children were over-sampled. Since income has been shown to be related to sealant use, this estimate may underestimate the true percentage of third graders with at least one sealant on a permanent molar tooth. The denominator is the estimated number of 8 year-old children in 2000 reported by the Office of Financial Management, 2002.

26. Section Number: Performance Measure #9

Field Name: PM09

Row Name:

Column Name:

Year: 2003

Field Note:

The Smile Survey is currently being conducted, with results pending.

These data were obtained from the Smile Survey 2000. The percent of third grade children who have received protective sealants on at least one permanent molar tooth is 55.5 (95% Confidence Interval is 52.7-58.3). For this survey, an electronic list of all public elementary schools in Washington was obtained from the Office of Superintendent of Public Instruction. Fifty-five schools with at least 25 children in second and/or third grade were randomly selected for participation. Seven of the schools refused to participate resulting in 48 schools with an enrollment of 6,814 children in second and third grade. Of the total 2,699 children who participated, 1,217 were in third grade. Schools who participated were more likely to have a low-income student body, and students who participated were also more likely to be low income. The children taking part in this survey are not representative of the state as a whole, since both minority children and low-income children were over-sampled. Since income has been shown to

be related to sealant use, this estimate may underestimate the true percentage of third graders with at least one sealant on a permanent molar tooth. The denominator is the estimated number of 8 year-old children in 2000 reported by the Office of Financial Management, 2002.

27. Section Number: Performance Measure #9

Field Name: PM09

Row Name:

Column Name:

Year: 2004

Field Note:

The Smile Survey is currently being conducted, with results pending. New data were unavailable at this time.

PERFORMANCE OBJECTIVES: Future targets were chosen from a combination of Maternal and Child Health staff discussions and trend analyses.

28. Section Number: Performance Measure #10

Field Name: PM10

Row Name:

Column Name:

Year: 2002

Field Note:

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children

The source of the data is the Washington State Center for Health Statistics Death Certificate Files (updated annually between September and October). The numerator is defined as the number of Motor Vehicle Crash (MVC) deaths occurring to children aged 0-14 years. The denominator is the estimate number of children 0-14 years old in 2001 in Washington from the Office of Financial Management. The numerator data represent unintentional motor vehicle traffic-related deaths with the following ICD-10 codes: ICD-10 codes: V30-39(.4-.9), V40-49(.4-.9), V50-59(.4-.9), V60-69(.4-.9), V70-79(.4-.9), V81.1,V82.1,V83-V86 (.0-.3), V20-28(.3-.9), V29 (.4-.9), V12-14 (.3-.9), V19 (.4-.6), V02-04(.1-.9),V09.2,V80(.3-.5),V87(.0-.8),V89.2. 1998 and 1999 data werew chanegd to reflect these codes.

29. Section Number: Performance Measure #10

Field Name: PM10

Row Name:

Column Name:

Year: 2003

Field Note:

The source of the data is the Washington State Center for Health Statistics Death Certificate Files (updated annually between September and October). The numerator is defined as the number of Motor Vehicle Crash (MVC) deaths occurring to children aged 0-14 years. The denominator is the estimate number of children 0-14 years old in 2003 in Washington from the Office of Financial Management. The numerator data represent unintentional motor vehicle traffic-related deaths with the following ICD-10 codes: ICD-10 codes: V30-39(.4-.9), V40-49(.4-.9), V50-59(.4-.9), V60-69(.4-.9), V70-79(.4-.9), V81.1,V82.1,V83-V86 (.0-.3), V20-28(.3-.9), V29 (.4-.9), V12-14 (.3-.9), V19 (.4-.6), V02-04(.1-.9),V09.2,V80(.3-.5),V87(.0-.8),V89.2.

30. Section Number: Performance Measure #10

Field Name: PM10

Row Name:

Column Name:

Year: 2004

Field Note:

Data were currently unavailable for 2004.

PERFORMANCE OBJECTIVES: Future targets were chosen from a combination of Maternal and Child Health staff discussions and trend analyses.

31. Section Number: Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2002

Field Note:

The source of these data is the 2002 Washington State Pregnancy Risk Assessment Monitoring System (PRAMS). The numerator is based on the estimated proportion of women who reported breastfeeding at any time in PRAMS. The denominator was obtained from the live birth file, for Washington residents.

32. Section Number: Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2003

Field Note:

The source of these data is the 2003 Washington State Pregnancy Risk Assessment Monitoring System (PRAMS). The 2003 PRAMS data are delayed at the CDC and were not available for reporting this year. The numerator is based on the estimated proportion of women who reported breastfeeding at any time in PRAMS. The denominator was obtained from the live birth file, for Washington residents.

33. Section Number: Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2004

Field Note:

Data were unavailable for 2004.

PERFORMANCE OBJECTIVES: Future targets were chosen from a combination of Maternal and Child Health staff discussions and trend analyses.

34. Section Number: Performance Measure #12

Field Name: PM12

Row Name:

Column Name:

Year: 2002

Field Note:

Percentage of newborns who have been screened for hearing before hospital discharge

In CY 2002, 62.2% of infants born in Washington hospitals received newborn hearing screening (47,550 hospital births in Washington (76,458). In 2002, 27 hospitals screened for the whole year while an additional 15 hospitals included for part of year. The Department of Health is currently piloting newborn hearing tracking and surveillance system with 6 hospitals in the state and plan to implement this statewide in 2004. At that point, information on the number of children with identified hearing loss will be available. The data presented last year on 2001 was preliminary so we have revised that data.

35. Section Number: Performance Measure #12

Field Name: PM12

Row Name:

Column Name:

Year: 2003

Field Note:

In CY 2003, 81% of infants born in Washington hospitals received newborn hearing screening (59,619 hospital births in Washington (73,649).

36. Section Number: Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2004**Field Note:**

In CY 2004, 85% of infants born in Washington hospitals received newborn hearing screening.

PERFORMANCE OBJECTIVES: Future targets were chosen from a combination of Maternal and Child Health staff discussions and trend analyses.

37. Section Number: Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2002**Field Note:**

The percent of children without health insurance.

The data source is the 2002 Washington State Population Survey, from the Washington State Office of Financial Management (OFM). The State Population Survey is a telephone-based survey that takes place every two years. Children include persons 0 through age 18. Insurance status was based on time of interview. Estimates are adjusted for missing income or insurance status data.

38. Section Number: Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2003**Field Note:**

No new data for 2003.

The data source is the 2002 Washington State Population Survey, from the Washington State Office of Financial Management (OFM). The State Population Survey is a telephone-based survey that takes place every two years. Children include persons 0 through age 18. Insurance status was based on time of interview. Estimates are adjusted for missing income or insurance status data.

39. Section Number: Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2004**Field Note:**

The data source is the 2004 Washington State Population Survey, from the Washington State Office of Financial Management (OFM). The State Population Survey is a telephone-based survey that takes place every two years. Children include persons 0 through age 18. Insurance status was based on time of interview. Estimates are adjusted for missing income or insurance status data.

PERFORMANCE OBJECTIVES: Future targets were chosen from a combination of Maternal and Child Health staff discussions and trend analyses.

40. Section Number: Performance Measure #14**Field Name:** PM14**Row Name:****Column Name:****Year:** 2002**Field Note:**

The source of these data is the Washington State Department of Social and Health Services. The numerator represents the unduplicated count of Medicaid fee-for-service clients under age 19 and below the 200% FPL who had an encounter with a Medicaid provider in 2001. The denominator represents the total number of Medicaid fee-for-service clients under age 19 and below the 200% FPL in 2001. These children may have received Medicaid coverage for any amount of time. In the past we have endeavored to gather encounter data on children in managed care plans, as well, however the data have been difficult to obtain and largely incomplete.

41. Section Number: Performance Measure #14**Field Name:** PM14**Row Name:****Column Name:****Year:** 2003**Field Note:**

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

2003 Indicator - 88.9%

Numerator - 605669

Denominator - 681060

Technical Note: The source of these data is the Client Services Database (CSDB), Research Data and Analysis, Washington State Department of Social and Health Services; and Office of Financial Management (OFM). The numerator represents clients aged 1 to 21 years who are receiving medical assistance (Note: Clients receiving medical assistance in SFY 2003 included 20,974 who were not designated as Medically Eligible under Title XIX at some point during the years. The data in the denominator are the total number of medically eligible clients aged 1 to 21 years old.

42. Section Number: Performance Measure #14**Field Name:** PM14**Row Name:****Column Name:****Year:** 2004**Field Note:**

Data were unavailable for 2004.

PERFORMANCE OBJECTIVES: Future targets were chosen from a combination of Maternal and Child Health staff discussions and trend analyses.

43. Section Number: Performance Measure #15**Field Name:** PM15**Row Name:****Column Name:****Year:** 2002**Field Note:**

The percent of very low birth weight live births.

Very low birth weight (VLBW) is defined as any live born infant weighing less than 1500 grams. These data come from the Washington State Center for Health Statistics Birth Certificate Files and are updated annually. The numerator represents the number of resident infants born weighing between less than 1500 grams. The denominator represents all resident live births in the reporting year. Missing data are excluded. 0.5% of the weight data are missing.

- 44. Section Number:** Performance Measure #15
Field Name: PM15
Row Name:
Column Name:
Year: 2003
Field Note:
Very low birth weight (VLBW) is defined as any live born infant weighing less than 1500 grams. These data come from the Washington State Center for Health Statistics Birth Certificate Files and are updated annually. The numerator represents the number of resident infants born weighing between less than 1500 grams. The denominator represents all resident live births in the reporting year. Missing data are excluded. Less than 1% of data are missing.
- 45. Section Number:** Performance Measure #15
Field Name: PM15
Row Name:
Column Name:
Year: 2004
Field Note:
Data were unavailable for 2004.
- PERFORMANCE OBJECTIVES: Future targets were chosen from a combination of Maternal and Child Health staff discussions and trend analyses.
- 46. Section Number:** Performance Measure #16
Field Name: PM16
Row Name:
Column Name:
Year: 2002
Field Note:
The rate (per 100,000) of suicide deaths among youths ages 15-19.
The numerator for this rate is defined as the number deaths with ICD 10 Codes X60-X84 and Y87.0 and U03 for youth ages 15-19. The denominator is the estimated population for ages 15-19. The rate is per 100,000 population. The source for the data is the Washington Center for Health Statistics Death Certificate files (updated annually between September and October) and the Office of Financial Management, Intercensal and Postcensal Estimates of County Population by Age and Sex.
- 47. Section Number:** Performance Measure #16
Field Name: PM16
Row Name:
Column Name:
Year: 2003
Field Note:
The numerator for this rate is defined as the number deaths with ICD 10 Codes X60-X84 and Y87.0 and U03 for youth ages 15-19. The denominator is the estimated population for ages 15-19. The rate is per 100,000 population. The source for the data is the Washington Center for Health Statistics Death Certificate files (updated annually between September and October) and the Office of Financial Management, Intercensal and Postcensal Estimates of County Population by Age and Sex.
- 48. Section Number:** Performance Measure #16
Field Name: PM16
Row Name:
Column Name:
Year: 2004
Field Note:
Data were unavailable for 2004.
- PERFORMANCE OBJECTIVES: Future targets were chosen from a combination of Maternal and Child Health staff discussions and trend analyses.
- 49. Section Number:** Performance Measure #17
Field Name: PM17
Row Name:
Column Name:
Year: 2002
Field Note:
The percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.
The numerator is determined by the number of resident very low birth weight (VLBW) births that occur in-state delivered at a hospital providing perinatal intensive care (level III). The denominator represents the total number of VLBW resident infants born in-state. The source for this data is the Washington Center for Health Statistics Birth Certificate Files (updated annually between September and October). Missing data are excluded. 0.5% of the weight data are missing.
- 50. Section Number:** Performance Measure #17
Field Name: PM17
Row Name:
Column Name:
Year: 2003
Field Note:
The percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.
The numerator is determined by the number of resident very low birth weight (VLBW) births that occur in-state delivered at a hospital providing perinatal intensive care (Level III). The denominator represents the total number of VLBW resident infants born in-state. The source for this data is the Washington Center for Health Statistics Birth Certificate Files (updated annually between September and October). Missing data are excluded. Less than 1% of data are missing.
- 51. Section Number:** Performance Measure #17
Field Name: PM17
Row Name:
Column Name:
Year: 2004
Field Note:
Data were unavailable for 2004.
- PERFORMANCE OBJECTIVES: Future targets were chosen from a combination of Maternal and Child Health staff discussions and trend analyses.
- 52. Section Number:** Performance Measure #18
Field Name: PM18
Row Name:
Column Name:
Year: 2002
Field Note:
The percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.
The numerator is the number of resident live births with a reported first prenatal visit before 13 weeks gestation. The denominator is the total number of resident live births. Missing data are excluded. In 2001, 8.2% of the data was missing for this measure. The source for these data is the Washington Center for Health Statistics Birth Certificate Files (updated annually between September and October).
- 53. Section Number:** Performance Measure #18

Field Name: PM18

Row Name:

Column Name:

Year: 2003

Field Note:

The numerator is the number of resident live births with a reported first prenatal visit before 13 weeks gestation. The denominator is the total number of resident live births. Missing data are excluded. In 2003, 8.7% of this data was missing for this measure. The source for these data is the Washington Center for Health Statistics Birth Certificate Files (updated annually between September and October).

In 2003 a new birth certificate form was implemented. It collects some information differently, and caution should be used in interpreting year to year changes from 2002 to 2003. NCHS does not believe the methodology is comparable.

54. Section Number: Performance Measure #18

Field Name: PM18

Row Name:

Column Name:

Year: 2004

Field Note:

Data were unavailable for 2004.

In 2003 a new birth certificate form was implemented. It collects some information differently, and caution should be used in interpreting year to year changes from 2002 to 2003. NCHS does not believe the methodology is comparable.

PERFORMANCE OBJECTIVES: Future targets were chosen from a combination of Maternal and Child Health staff discussions and trend analyses.

55. Section Number: State Performance Measure #1

Field Name: SM1

Row Name:

Column Name:

Year: 2002

Field Note:

THIS SPM WILL BE CONTINUED, AS IS, FOR THE 2005-2009 NEEDS ASSESSMENT. PLEASE SEE THE NEW SPM 1 FOR MORE DETAILS.

The percent of pregnancies that are unintended.

This numerator for this measure is derived from [the estimated percentage of unintended pregnancies from Washington State Pregnancy Risk Assessment Monitoring System (PRAMS) survey *(resident live births + fetal deaths)] + reported resident abortions. The denominator for this measure is the number of resident live births + fetal deaths + reported resident abortions. Birth, Fetal death, and Abortion data are obtained from the Washington State Center for Health Care Statistics Birth, Fetal Death, and Abortion files for 2002. PRAMS 2002 data are used here.

56. Section Number: State Performance Measure #1

Field Name: SM1

Row Name:

Column Name:

Year: 2003

Field Note:

The percent of pregnancies that are unintended.

The source for the data is the 2003 Washington State PRAMS. This numerator for this measure is derived from [the estimated percentage of unintended pregnancies from Washington State Pregnancy Risk Assessment Monitoring System (PRAMS) survey *(resident live births + reported resident abortions). The denominator for this measure is the number of resident live births + reported resident abortions. Birth and Abortion data are obtained from the Washington State Center for Health Care Statistics Birth, Fetal Death, and Abortion files for 2003.

57. Section Number: State Performance Measure #1

Field Name: SM1

Row Name:

Column Name:

Year: 2004

Field Note:

Data were unavailable for 2004.

58. Section Number: State Performance Measure #2

Field Name: SM2

Row Name:

Column Name:

Year: 2002

Field Note:

THIS SPM WILL BE CONTINUED, AS IS, FOR THE 2005-2009 NEEDS ASSESSMENT. PLEASE SEE THE NEW SPM 2 FOR MORE DETAILS.

The percent of pregnant women abstaining from smoking.

The source for these data is the Washington State Center for Health Statistics Birth Certificate file. The numerator is the number of resident women who reported abstaining from smoking during pregnancy on the birth certificate. The denominator is all resident births in the reporting year. 2.5% of the data were missing in 2001 for this measure and are excluded from the denominator.

59. Section Number: State Performance Measure #2

Field Name: SM2

Row Name:

Column Name:

Year: 2003

Field Note:

Data were unavailable for 2004.

The source for these data is the Washington State Center for Health Statistics Birth Certificate file. The numerator is the number of resident women who reported abstaining from smoking during pregnancy on the birth certificate. The denominator is all resident births in the reporting year. 2% of the data were missing in 2003 are excluded from the denominator.

In 2003 a new birth certificate form was implemented. It collects some information differently, and caution should be used in interpreting year to year changes from 2002 to 2003. Specifically, changes in smoking may be due wholly or in part to reporting changes.

60. Section Number: State Performance Measure #2

Field Name: SM2

Row Name:

Column Name:

Year: 2004

Field Note:

Data were unavailable for 2004.

In 2003 a new birth certificate form was implemented. It collects some information differently, and caution should be used in interpreting year to year changes from 2002 to 2003. Specifically, changes in smoking may be due wholly or in part to reporting changes.

61. Section Number: State Performance Measure #3

Field Name: SM3

Row Name:

Column Name:

Year: 2002

Field Note:

THIS SPM WILL CHANGE FOR THE 2005-2009 NEEDS ASSESSMENT. IT WILL NOW BE A COMBINATION OF THE PREVIOUS SPMs 3, 6, & 8: "The percent of women who are screened during prenatal care for smoking, alcohol use, illegal drug use, HIV status, postpartum birth control plans, domestic violence, and receive counseling on tests for birth defects or genetic diseases." PLEASE SEE THE NEW SPM 3 FOR MORE DETAILS.

The percent of women who received counseling from their prenatal health care provider on tests for identifying birth defects of genetic disease.

The source for the data is the 2002 Washington State PRAMS. The measure is defined as the estimated proportion of women who reported that their health care provider talked to them about genetic testing or birth defect screening. The denominator was obtained from the live birth file, for Washington residents with plurality of 1 or first birth order. Note- we have revised the denominator and numerator data for the previous year based on the new methodology for the denominator.

62. Section Number: State Performance Measure #3

Field Name: SM3

Row Name:

Column Name:

Year: 2003

Field Note:

The source for the data is the 2003 Washington State PRAMS. The 2003 data are delayed at the CDC and were unavailable. The measure is defined as the estimated proportion of women who reported that their health care provider talked to them about genetic testing or birth defect screening. The denominator was obtained from the live birth file. Note- we have revised the denominator and numerator data for the previous year based on the new methodology for the denominator.

63. Section Number: State Performance Measure #3

Field Name: SM3

Row Name:

Column Name:

Year: 2004

Field Note:

Data were unavailable for 2004.

64. Section Number: State Performance Measure #4

Field Name: SM4

Row Name:

Column Name:

Year: 2002

Field Note:

THIS SPM HAS BEEN DISCONTINUED FOR THE 2005-2009 NEEDS ASSESSMENT.

Data source: Washington CSHCN Program.

NOTE: UNABLE TO PROVIDE BENCHMARKS FOR YEARS 1 AND 2 HERE DUE TO SPACE LIMITATIONS

Year 3 (10/2001-9/2002) Target: 60% / Cumulative Score: 63%

7. Explore feasibility of integrating state data systems to assess prevalence of children with special needs.

*Collaborated with partnering State Agencies under the auspices of the WISE (Washington Integrated Services Enhancement) Grant. WISE Grant Integrated taskforce agreed that linking data systems would provide information on the prevalence of children with special health care needs in the state system. Collaborators include ITEIP, OSPI, DSHS.

8. Continue to explore data linkages and additional data sources for CSHCN.

*Count Me In report created to describe the usefulness of using the BRFSS methodology in assessing the prevalence in children with special health care needs.

v Contracted with the Center for Children with Special Needs to analyze National CSHCN Survey for Washington State, birth certificate data linked to hospitalization data to assess prevalence and health disparities, CAHPS (Consumer Assessment of Health Plans Survey) and to develop County Profiles for local CSHCN Programs.

9. Standardize the Child Health Intake Form (CHIF) automated data system

v Convened internal workgroup to develop quality improvement strategies and enhance Title V prevalence estimates.

Year 4 (10/2002-9/ 2003) Target: 80%

10.Improvement of Child Health Intake Form (CHIF) automated system

*Identified opportunities for improving the data quality of the Child Health Intake Form (CHIF) automated system. Three computer trainings with local CSHCN Coordinators and support staff aimed to standardize date entry and increase reporting capacity. Workgroup sessions with the local staff produced potential standard criteria that will be compiled and shared in June 2003 for review.

11. Develop a work plan to target data systems beyond the public sector to learn about the prevalence of children with special needs. Included in this plan will be outreach to private insurers, Indian Health, military, Basic Health, undocumented and the uninsured. Developing relationships with these other systems and identifying barriers to securing.

12.Initiate BD surveillance pilot.

*Pilot initiated and will coordinate with local CSHCN Coordinators to implement objectives.

Year 5 (10/2003-9/2004) Target: 100%

13.Implement new CHIF Criteria Standard and provide guidance and ongoing training to maintain standardization of data for local CSHCN Programs.

14.Contract with the Center for Children with Special Needs to sustain analytic work on the anticipated release of MCHB Child Health Survey results and other sources of data for children with special needs in Washington State.

15.Update Assessment Plan and explore developing MCHA capacity to analyze National CSHCN Survey data.

65. Section Number: State Performance Measure #4

Field Name: SM4

Row Name:

Column Name:

Year: 2003

Field Note:

The source of the data is the Washington State CSHCN Program.

Year 5 (October 2003-September 2004) Target: 100%

Score: Cumulative Score: 100%

NOTE: UNABLE TO PROVIDE BENCHMARKS FOR YEARS 1-4 HERE DUE TO SPACE LIMITATIONS

Year 1 (10/1999-9/2000) Score 26%

Year 2 (10/2000-9/2001) Score 40%

Year 3 (10/2001-9/2002) Score 60%

Year 4 (10/2002-9/2003) Score 80%

*Implement new CHIF Criteria Standard and provide guidance and ongoing training to maintain standardization of data for local CSHCN Programs. In collaboration with the local CSHCN Programs, a new CHIF criteria was developed and implemented. Guidance from the CSHCN Program and ongoing technical assistance has been provided to maintain the quality improvement strategy. An initial evaluation of the data will occur in spring 2005 to review completeness of data fields and any unusual reporting.

* Contract with the Center for Children with Special Needs to sustain analytical work on the anticipated release of MCHB Child Health Survey results and other sources of data for children with special needs in Washington State.

A Washington State Report on Children and Youth with Special Health Care needs is being developed and will be released July 2005. Included in the report will be county profiles and results from the 2002 Healthy Youth Survey, 2003 BRFSS, 2001 NS-CSHCN. The MCHB Child Health Survey and 2004 Healthy Youth Survey will be analyzed by MCH Assessment. Pertinent disability questions from these surveys will be analyzed by MCH Assessment.

*Update Assessment Plan and explore developing MCHA capacity to analyze National CSHCN Survey data.

CSHCN Assessment Plan is currently under revision and is in draft form. Preliminary discussions have been taken to increase capacity of DOH to analyze the 2005 NS-CSHCN Survey.

66. Section Number: State Performance Measure #4

Field Name: SM4

Row Name:

Column Name:

Year: 2004

Field Note:

This is the final year for this State Performance Measure.

67. Section Number: State Performance Measure #5

Field Name: SM5

Row Name:

Column Name:

Year: 2002

Field Note:

THIS SPM HAS BEEN DISCONTINUED FOR THE 2005-2009 NEEDS ASSESSMENT.

To reduce the prevalence of the grade youth who report smoking one or more cigarettes in the last 30 days.

The percentage of children in the 8th grade that had smoked cigarettes within the past 30 days is 9.2% (95% CI is ± 1.1). These data were obtained from the Washington State 2002 Healthy Youth Survey. The Healthy Youth Survey is a collaborative effort of the Office of the Superintendent of Public Instruction, the Department of Health, the Department of Social and Health Service's Division of Alcohol and Substance Abuse, and the Office of Community Development. In the Fall of 2002, students in grades 6, 8, 10 and 12 answered questions about safety and violence, physical activity and diet, alcohol, tobacco and other drug use, and related risk and protective factors. A simple random sample of schools was drawn. All students in grades 6, 8, 10, 12 in selected schools were invited to participate. The Healthy Youth Survey will next be administered in the Fall of 2004. The Healthy Youth Survey provides important information about adolescents in Washington. County prevention coordinators, community mobilization coalitions, community public health and safety networks, and others use this information to guide policy and programs that serve youth. The information from the Healthy Youth Survey can be used to identify trends in the patterns of behavior over time. The state-level data can be used to compare Washington to other states that do similar surveys and to the nation. The denominator represents the number of children enrolled in the 8th grade public schools in 2002, as reported in the 2002 Juvenile Justice Report, Office of Juvenile Justice.

68. Section Number: State Performance Measure #5

Field Name: SM5

Row Name:

Column Name:

Year: 2003

Field Note:

No new data

The percentage of children in the 8th grade that had smoked cigarettes within the past 30 days is 9.2% (95% CI is ± 1.1). These data were obtained from the Washington State 2002 Healthy Youth Survey. The Healthy Youth Survey is a collaborative effort of the Office of the Superintendent of Public Instruction, the Department of Health, the Department of Social and Health Service's Division of Alcohol and Substance Abuse, and the Office of Community Development. In the Fall of 2002, students in grades 6, 8, 10 and 12 answered questions about safety and violence, physical activity and diet, alcohol, tobacco and other drug use, and related risk and protective factors. A simple random sample of schools was drawn. All students in grades 6, 8, 10, 12 in selected schools were invited to participate. The Healthy Youth Survey will next be administered in the Fall of 2004. The Healthy Youth Survey provides important information about adolescents in Washington. County prevention coordinators, community mobilization coalitions, community public health and safety networks, and others use this information to guide policy and programs that serve youth. The information from the Healthy Youth Survey can be used to identify trends in the patterns of behavior over time. The state-level data can be used to compare Washington to other states that do similar surveys and to the nation. The denominator represents the number of children enrolled in the 8th grade public schools in 2002, as reported in the 2002 Juvenile Justice Report, Office of Juvenile Justice.

69. Section Number: State Performance Measure #5

Field Name: SM5

Row Name:

Column Name:

Year: 2004

Field Note:

The percentage of children in the 8th grade that had smoked cigarettes within the past 30 days is 7.8%. These data were obtained from the Washington State 2004 Healthy Youth Survey. The Healthy Youth Survey is a collaborative effort of the Office of the Superintendent of Public Instruction, the Department of Health, the Department of Social and Health Service's Division of Alcohol and Substance Abuse, and the Office of Community Development. In the Fall of 2004, students in grades 6, 8, 10 and 12 answered questions about safety and violence, physical activity and diet, alcohol, tobacco and other drug use, and related risk and protective factors. A simple random sample of schools was drawn. All students in grades 6, 8, 10, 12 in selected schools were invited to participate. The Healthy Youth Survey provides important information about adolescents in Washington. County prevention coordinators, community mobilization coalitions, community public health and safety networks, and others use this information to guide policy and programs that serve youth. The information from the Healthy Youth Survey can be used to identify trends in the patterns of behavior over time. The state-level data can be used to compare Washington to other states that do similar surveys and to the nation. The denominator represents the number of children enrolled in the 8th grade public schools in 2003, as reported in the 2004 Juvenile Justice Report, Office of Juvenile Justice.

70. Section Number: State Performance Measure #6

Field Name: SM6

Row Name:

Column Name:

Year: 2002

Field Note:

THIS SPM HAS BEEN COMBINED WITH SPM 3 & 8, TO CREATE THE NEW SPM 3 FOR THE 2005-2009 NEEDS ASSESSMENT. PLEASE SEE THE NEW SPM 3 FOR MORE DETAILS.

The percent of Pregnant women screened for domestic violence during their prenatal care visits.

The source of the data is 2002 Washington State Pregnancy Risk Assessment Monitoring System (PRAMS) survey. The measure is defined as the estimated proportion of women who reported that their health care provider talked to them about physical abuse by their husbands or partners. The denominator was obtained from the live birth file, for Washington residents. Note- we have revised the denominator and numerator data for the previous year based on the new methodology for the denominator.

71. Section Number: State Performance Measure #6

Field Name: SM6

Row Name:

Column Name:**Year:** 2003**Field Note:**

The source of the data is 2003 Washington State Pregnancy Risk Assessment Monitoring System (PRAMS) survey. The measure is defined as the estimated proportion of women who reported that their health care provider talked to them about physical abuse by their husbands or partners.

72. Section Number: State Performance Measure #6**Field Name:** SM6**Row Name:****Column Name:****Year:** 2004**Field Note:**

Data were unavailable for 2004.

73. Section Number: State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2002**Field Note:**

THIS SPM HAS BEEN DISCONTINUED FOR THE 2005-2009 NEEDS ASSESSMENT. PLEASE SEE THE NEW SPM 4, FOR THE VARIATION AND MORE DETAILS.

Benchmarks:

NOTE: YEAR 1 BENCHMARKS NOT SHOWN DUE TO SPACE LIMITATIONS

Year 2 (10/2001- 9/2002) Target 47% / Cumulative Score 43.3%

4. Surveyed other state MCH offices for strategies they use to promote early identification and intervention.

- Conducted search of all other state's MCH plans and reports to identify states with similar strategies. Followed up with specific states that most closely aligned with Washington. (Score 6.6%)

- 5. Consulted with local and state constituents (including consumers) to identify strategies MCH will promote for enhancing early identification, prevention and intervention in Washington. (Score 3.3%)

- Followed up with LHJs with report compiled in Year 1 and formed relationship with state counterparts in Children's Mental Health. Participate in DSHS Children's Mental Health Advocacy Committee, which also has consumer representation.

- Participated in planning with the University of Washington for a multi-state Children's Mental Health Symposium held in the Fall of 2002. Work from this symposium will provide information to help develop intervention strategies.

- Have not completed identification of strategies due to need for additional assessment data (need was identified in Year 1). Will continue to work on this in Year 3.

- 6. Continued to monitor level of need for mental health services and degree of access achieved using existing databases. (Score 6.6%)

- Participate on DSHS Children's Mental Health Committee which helps monitor issues related to need and access for this population.

- Reviewed Joint Health Legislative and Audit Review Committee (JLARC) report released August 2002: "Children's Mental Health."

- 7. Identified need for additional data collection regarding mental health services and opportunities for additional data collection. (Score 6.6%)

- The work from Year 1 and Year 2 has highlighted the need for additional assessment data. MCH is seeking additional resources to assist with this data collection, including submitting an application for a CDC Public Health Prevention Service fellow. We will continue to work on additional data collection in Year 3.

Year 3 (10/2002- 9/2003) Target 67% (10 of 15 benchmarks)

8. Solicited additional funding for mental health assessment, as needed.

9. Developed a Mental Health promotion plan for MCH

10. Solicited funding to implement the plan.

Year 4 (10/2003- 9/2004) Target 80%

11. Began implementation of plan, as resources allow.

12. Collected and analyze information from plan implementation.

Year 5 (10/ 2004- 9/2005) Target 100%

13. Continued implementation of MCH Mental Health promotion plan strategies.

14. Continued data collection and evaluate implementation strategies.

15. Presented process development and strategy at state/national conferences

74. Section Number: State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2003**Field Note:**

Target 67% (10 of 15 benchmarks)

Year 3 Score: 12.2%

Cumulative Score: 55.5 %

1. Solicited additional funding for mental health assessment, as needed. (Score: 6.6%)

- MCH solicited additional resources to assist with mental health assessment. An application was submitted for a CDC Public Health Prevention Service fellow. The application was not accepted. MCH funding has been allocated for a Child Development Specialist who started March 2003 to focus on mental health needs in the MCH population.

- Developed a Mental Health promotion plan for MCH (Score: 6.6%)

- The Child Development Specialist developed a work plan to address this objective. Included in the work plan are the following strategies:

- Disseminate information about children's mental health Partnerships for Supporting Children's Mental Health email distribution list. Seventy people were on the list by September 2003.

- Participate in regional meetings with local MCH staff to identify issues, barriers and effective strategies related to mental health and to facilitate coordination of state and local efforts.

- Conduct a literature review to identify children's mental health policy issues, and planning and implementation strategies.

- A work plan was also developed for the OMCH Mental Health Work Group. This Work Group coordinates the mental health promotion, prevention and intervention efforts within OMCH at the state level. It also connects with broader public health initiatives, for example physical activity and nutrition. The Work Group also provides technical assistance and serves in an advisory capacity to the Child Development Specialist

- OMCH worked with the Washington Health Foundation to bring together state and local, public and private partners to begin to address identification of issues, coordination of services and planning for the future of children's mental health in Washington State. This group is called Partnerships for Supporting Children's Mental Health. They are looking at children's mental health across the continuum of health promotion, prevention, intervention and treatment. Partnerships include the Division of Mental Health, in the Department of Social and Health Services, Region X Health Resources and Services Administration, and the State Education Agency. The information gathered by this group will inform the MCH planning process. A desired outcome of this initiative is a mental health promotion plan for MCH.

- Efforts have been made to coordinate MCH mental health planning with other MCH planning efforts including the Early Childhood Comprehensive Systems Grant, the Adolescent Health Improvement Plan and the WISE Grant for CSHCN.

2. Solicited funding to implement the plan. (Score: 0%)

The OMCH Mental Health Work Group has had discussions regarding reapplying for the CDC Public Health Prevention Service fellow, possible interns to work on assessment and presenting a proposal to the OMCH Management Team at a future date.

75. Section Number: State Performance Measure #7**Field Name:** SM7

Row Name:
Column Name:
Year: 2004

Field Note:

Year 4 (October 2003-September 2004) Target 80% (12 of 15 benchmarks) Score: 76%

*Began implementation of plan, as resources allow.

•MCH began implementation of the mental health promotion plan, within available resources. •MCH continued to allocate a .75 FTE for a Child Development Specialist (CDS) in the Child and Adolescent Health section who coordinated the implementation of the mental health promotion plan. •Promotion of mental health in OMCH activities, with external partners and planning efforts, including Early Childhood Comprehensive Systems Grant and the Statewide Adolescent Health Plan. •Internal OMCH Mental Health workgroup continued to meet to coordinate, identify, and plan activities across OMCH and implement the plan. •DOH continued to convene the stakeholder group Partnerships for Supporting Children's Mental Health (Partnerships); identified current activities, barriers, and socio-emotional needs •CDS continued to disseminate information via the Partnerships for Supporting Children's Mental Health email distribution list. As of September 2004, 100 people were on the list. •CDS represented DOH on the DSHS Children's Mental Health Workgroup; developing recommendations for more effective/coordinated children's mental health services across DSHS divisions. •CHILD Profile (CP) began incorporating issues and preventive measures identified by the OMCH Mental Health work group in mailings. Partnerships included Talaris Research Institute and Project Lift-Off to disseminate their educational materials •Continued efforts for coordination and implementation

*Collected and analyze information from plan implementation.

•Completion of a Washington children's mental health needs assessment. This project occurred from September 2004 to June 2005 as a collaborative effort between the CDC's Public Health Prevention Service and OMCH. Washington State data, prior research, and literature were analyzed to distinguish trends in mental health and mental illness among specific populations of children. Key informant interviews were held, and findings will be used to inform an OMCH priority around social, emotional and mental health as well as provide a backdrop for updating the OMCH mental health promotion plan. •Information gathered from the OMCH Mental Health Workgroup and Partnerships for Supporting Children's Mental Health (see above) was also used to guide and inform the implementation of the plan.

76. Section Number: State Performance Measure #8

Field Name: SM8

Row Name:

Column Name:

Year: 2002

Field Note:

THIS SPM HAS BEEN COMBINED WITH SPM 3 & 6, TO CREATE THE NEW SPM 3 FOR THE 2005-2009 NEEDS ASSESSMENT. PLEASE SEE THE NEW SPM 3 FOR MORE DETAILS.

The percent of women who are screened during prenatal care visits for smoking, alcohol use, illegal drug use, HIV status, and postpartum birth control plans.

The source of these data is 2002 Washington State Pregnancy Risk Assessment Monitoring System (PRAMS) survey. The measure is defined as the estimated proportion of women who reported that their health care provider talked to them about smoking, alcohol use, illegal drug use, getting tested for HIV status and postpartum birth control plans. The denominator was obtained from the live birth file, for Washington residents. Note- we have revised the denominator and numerator data for the previous year based on the new methodology for the denominator.

77. Section Number: State Performance Measure #8

Field Name: SM8

Row Name:

Column Name:

Year: 2003

Field Note:

The source of these data is 2003 Washington State Pregnancy Risk Assessment Monitoring System (PRAMS) survey. The measure is defined as the estimated proportion of women who reported that their health care provider talked to them about smoking, alcohol use, illegal drug use, getting tested for HIV status and postpartum birth control plans.

78. Section Number: State Performance Measure #8

Field Name: SM8

Row Name:

Column Name:

Year: 2004

Field Note:

Data were unavailable for 2004.

79. Section Number: State Performance Measure #9

Field Name: SM9

Row Name:

Column Name:

Year: 2002

Field Note:

THIS SPM HAS BEEN DISCONTINUED FOR THE 2005-2009 NEEDS ASSESSMENT.

Benchmarks:

Due to space limitations, only Year 2 activities are described below.

Year 2 (October 2001-September 2002) Target: 66% / Cumulative Score: 53.6%

6.Maintained partnerships and disseminated baseline data to local health departments and other partners. (Score 3.3%)

•The MCH Nutrition Team was initially comprised of nutrition consultants in the sections of Maternal & Infant Health and Children with Special Health Care Needs.

Participation on the food security issue was broadened to include representatives from the MCH Assessment Section, the Child & Adolescent Health Section, the DOH Office of Epidemiology, the Washington State WIC Program, and the Nutrition & Physical Activity Section of Community Wellness and Prevention.

•Baseline data on indicators of hunger and food security in Washington were pulled together from multiple sources for a grant proposal for Vitamin Settlement funds.

Targeted distribution of this data has been not disseminated to local health departments. Local health jurisdictions are struggling to maintain current programs during these challenging economic times.

7.Convened a work group of local and state constituents related to MCH health promotion and who can represent Food Security and/or hunger issues. (Score 5.0%)

•A member of the MCH Nutrition Team was able attend monthly meetings of the Anti-Hunger and Nutrition Coalition.

8.Learned best practices for MCH populations from other state's public health interventions and literature review regarding promoting Food Security. (Score 6.6%)

oA review of best practices, existing data sources, and current literature was completed in the preparation of a grant proposal for Vitamin Settlement funds.

9. The workgroup will have identified and prioritized measurable indicators of Food Security to incorporate into an action plan. (Score 3.3%)

•The MCH Nutrition Team has identified food security questions to include in the state's Behavior Risk Factor Surveillance System (BRFSS), which will be included in the survey in 2003.

•Challenging economic times has also impacted the state health department. A state hiring freeze and reduction in staff has stifled the work of the MCH Nutrition Team. The lead staff on food security activities had to leave the department and the vacant nutrition consultant position could not be refilled. Federal funding to continue work on this performance measure is available into Year Three. A contract with the University of Washington has been negotiated to continue work on this performance measure to implement an action plan.

10. Researched and shared funding opportunities for state or locals, such as Food Stamp Education Project. (Score 3.3%)

Two components of the contract with the University of Washington are to specifically work with the Food Stamp Nutrition Education Program and the Summer Food Service Program.

80. Section Number: State Performance Measure #9

Field Name: SM9

Row Name:

Column Name:

Year: 2003

Field Note:

Year 2 Activities Score: 9.9%
Cumulative Score: 63.5%

3. Completed Strategic Plan to promote and protect Food Security for MCH population. Plan will specify indicators, interventions, data collection, outcomes, and evaluation. (Score 3.3%)

§ While a formal strategic plan was not completed, MCH continued to work towards improving the nutritional status of the MCH population including:

- A contract was established with the University of Washington to guide the development of an MCH food security strategic plan.
 - Data Collection and identifying Indicators:
 - Stakeholder Input through the WA Anti-Hunger Nutrition Coalition (AHNC), closely affiliated with the Children's Alliance, is a non-profit statewide organization dedicated to reducing food insecurity.
 - Key Findings and Themes for Intervention: WA in general, including the MCH population, has persistent food insecurity and hunger problems. There is a comparatively high prevalence of food insecurity, a significant gap between program eligibility and some food security program participation, lack of awareness on the part of the public and leaders and several groups at risk including minorities, non-English speaking, women (particularly single heads of households and younger mothers), youth in grades 6, 8, 10, and 12, poor/working poor and those living in rural counties. Based on data and stakeholder input analysis, five themes for potential objectives emerged: Access, Data/Reporting, Advocacy/Education, Organization/Coordination, and Improvements to WIC.
 - Priority objectives identified by stakeholders, and estimated resources were discussed at the September 2003 CFH Nutrition Workgroup meeting.
4. Sought and obtained resource commitments for interventions and evaluation. (Score 6.6%)
- MCH Block Grant funds supported the work done through the University of Washington contract through September 2003, when the contract ended.
 - Collaborative work continued in 2003 with the Basic Food Nutrition Education Program and the Summer Food Service Program at OSPI. Increased outreach to agencies serving the MCH population resulted in higher participation rates in 2003 in these two federally supported programs.
 - The Community Wellness and Prevention section at the Washington Department of Health created a Nutrition & Physical Activity Section. The section released a Washington State Nutrition and Physical Activity Plan in June 2003 and includes a reduction of hunger and food insecurity as one of its nutrition objectives and priority recommendations. MCH will take advantage of this plan and work with CWP.
 - The CFH Nutrition Workgroup has included food security and hunger in its top priorities for action.
 - The MCH Managers and Director were presented with the prioritized objectives.
- Additional MCH funding and staff commitments for Year 4 have not yet been established.

81. Section Number: State Performance Measure #9

Field Name: SM9

Row Name:

Column Name:

Year: 2004

Field Note:

Year 4 (October 2003-September 2004)

Year 4 Score 70%

*Maintained partnerships and mutual commitments.

•MCH staff vacancies prevented an active role in maintaining partnerships. Fortunately, MCH partners have continued their support of activities to enhance food security in Washington State. Established mechanisms and contract work have also continued without a designated MCH staff lead.

*As resources are allowed, implement interventions according to Plan.

•Targeted MCH funding for food security activities was not available. Contracted activities and the work of MCH partners continued to support activities to enhance food security in Washington State.

*Collected data and evaluated indicators/outcomes and interventions.

•Existing sources of food security data continued to be collected. The data is available for a future evaluation of outcomes and interventions if and when an MCH staff person is available and assigned this work.

82. Section Number: State Performance Measure #10

Field Name: SM10

Row Name:

Column Name:

Year: 2002

Field Note:

THIS SPM HAS BEEN MODIFIED FOR THE 2005-2009 NEEDS ASSESSMENT TO: "Increase statewide system capacity to promote health, safety and school readiness of children birth to kindergarten entry." PLEASE SEE THE NEW SPM 8 FOR MORE DETAILS.

SHORTVERSION SP10

BENCHMARKS:

NOTE: Year 1,3,4,5 BENCHMARKS NOT INCLUDED DUE TO SPACE LIMITATIONS. ACTUAL SCORE 33%, BECAUSE OF PARTIALLY MET BENCHMARKS

Year 1 (October 2000-September 2001) Target: 25% (4 out of 18 benchmarks)

Year 1 Score: 5.5 %

Year 2 (October 2001-September 2002) Target 50% (9 out of 15 benchmarks) (CURRENT YEAR REPORTING ON)

Year 2 Activities Score: 18%

Score from Previous Year Activities Completed in Year 2: 5.5%

Score from Year 3-5 Activities Completed in Year 2: 9.5%

Cumulative Score: 33%

Benchmarks for Year 2:

1. Integrate internal activities in DOH and MCH as they relate to health and safety in child care, e.g. environmental health, oral health, health promotion (CHILD Profile), preventative health care (Bright Futures), parent education, immunizations, children with special health care needs, nutrition, early childhood, etc. (5%)
- Year 2: HCCW has identified integration with all of the above. Phasing in activities to move to the next level of formal integration and shared funding options, specific to CHILD Profile and Bright Futures. (Score 2.5%)
2. Partner with Washington State Child Care Resource & Referral Network to design GIS system to identify statewide child care capacity including sub-populations (5%)
- Year 2: Funding eliminated ...other CC/ECH assessment activities identified as part of work with ECH partners; looking at health indicators with Head Start , Child Care and Early Childhood Education and Assistance Program (Score 3%)
3. Identify and implement phases of evaluation plan (5%)
- Year 2: Evaluation consultant hired and initial evaluation design phases identified. (Score 2.5%)
4. Determine long term training plan for child care health consultation including core training, NCAST, mental health, children with special needs, infants and toddlers, etc. (5%)
- Year 2: adjusted due to funding cuts however identified and completed additional modules for statewide CCHC training plan and discussions with HCCW team and partners re components of training plan, feasibility of developing core competencies and integration into evaluation work (Score 5%)
5. Build collaborations with child care and insurance providers, MAA, HCA access to health insurance and a medical home for children in child care (5%)
- Year 2: currently working with WaAAP, EPSDT Improvement Grant, MAA, Medical Home Project, Bright Futures, Head Start State Collaboration Project, OSPI-STEPS

program, and ECEAP to address this issue. (Score 5%)

83. Section Number: State Performance Measure #10

Field Name: SM10

Row Name:

Column Name:

Year: 2003

Field Note:

Year 3 (October 2002-September 2003) (CURRENT YEAR REPORTING ON)

Year 3 Target: Target 65% (13 out of 20 benchmarks)

Score from Previous Year Activities Completed in Year 3: 12%

Score from Year 4-5 Activities Completed in Year 2: 1%

Year 3 Score:13.5

Cumulative Score: 59.5%

Benchmarks for Year 3:

1. Develop core competencies for child care health consultation (5%)

• Year 2: None

• Year 3: Developed core competencies w/ stakeholders and integrated into evaluation process and tools for CCHC. (Score 5%)

2. Integrate scientific knowledge into policy and practice as it relates to health and safety in child care (e.g. through training plan, core competencies, etc.) (5%)

• Year 2: Final phases of 'orientation' packet and 'resource kit' for CCHC's ; ongoing activity as we modify trainings, resources, and implement evaluation work (Score 4 %)

• Year 3: Completed CCHC Resource Kit and CD integrating all training modules revised in new template format for consistency. Distributed to all LHJs statewide.

Additionally, developed new modules to address Emergency Preparedness and National Health and Safety Standards, "Caring for Our Children" (Score 1%)

3. Identify integration opportunities regarding Immunization WAC for child care and the scope of local child care health consultation (5%)

• Year 2: negotiation with DSHS/Division of Child Care and Early Learning (DCCCEL) re: integration of immunization WAC into child care WAC (Score 2.5%)

• Year 3: Creating pilot project for CCHCs to improve immunization status in child care by utilizing the CHILDP Profile Immunization Registry as a result of AG opinion allowing CCHC access to the Registry. Additionally partnering with DCCCEL licensors to assist child care providers to meet the CC Immunization WAC. (Score 2.5%)

4. Provide resources for outreach, education, regarding children's access to health insurance and a medical home (5%)

• Year 2: working with Wa AAP and EPSDT Improvement Team and grant work. (Score 1%)

• Year 3: Partnered with WaAAP to facilitate 2 multidisciplinary focus groups, one on each side of the state, to promote medical providers role in health and safety in child care. HCCW provided each physician with copy of "Pediatricians Role in Child Care" (Score 2%)

5. Communicate the work of HCCW through development of brochures, web-page, annual report, and fact sheets designed for various audiences

• Year 3: Developed new HCCW Brochure and in created new web-page in partnership with Washington State Child Care Resource & Referral Network (Score 3%)

84. Section Number: State Performance Measure #10

Field Name: SM10

Row Name:

Column Name:

Year: 2004

Field Note:

Year 4 Target: Target 85% (17 out of 20 benchmarks, worth 5% each)

Year 4 Score: 74.5%

*Pursue long term funding strategies, both public and private, for health and safety in child care.

•The Healthy Child Care Washington Advisory Committee meets monthly to discuss public and private funding strategies.

*Collaborate with internal and external stakeholders to create comparison of national child care standards with Washington standards for child care and early childhood
oYear 2: First phase completed 2001 with Comparison of National CC Standards. Second phase under way now to compare across ECH programs including CC, HS, ECEAP, NACCRA, and newly revised National Child Care Standards – to be complete 2003. (Score 2.5%)

oYear 3: Mapping Project completed (Score 1%)

oThe national child care standards were used as references and citations when contributing to the guidebook for using Washington State child care center WACs.

*Determine numeric 'benchmarks' for HCCW program outcomes after collection of first year evaluation data (e.g. 5% of CCHC's demonstrate CCHC core competences; 2.5% of CC providers receiving CCHC report changes in practice due to consultation)

•The Healthy Child Care Washington outcome-based evaluation created two new data collection forms for child care health consultants to utilize when reporting. Initial usage of the forms began in October 2003 and statewide usage of both forms was launched in July of 2004. In addition, a web-based data collection system (Healthy Child Care Washington Data Collection–HCCWDC) was created for child care health consultants to input their data. Initial usage of HCCWDC began in October 2003 and statewide utilization began in July of 2004 as well.

•Evaluation results showed (among other things) the number of encounters child care health consultants reported, the length of the encounters, which topics were discussed and how many children and child care providers were impacted. In addition, actual changes in child care practice were measured in terms of knowledge, awareness, behavior, communication and health. An interim report was published in January of 2005. The final report, as well as an Executive Summary, was published in June of 2004.

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (A)(2)(B)(iii) AND 506 (A)(2)(A)(iii)]
STATE: WA

OUTCOME MEASURE # 01

The infant mortality rate per 1,000 live births.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	5.5	5.5	5.4	5.3	5.2
Annual Indicator	5.2	5.8	5.7	5.6	5.5
Numerator	423	461	452	447	
Denominator	81,004	79,542	79,003	80,482	
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	5.5	5.5	5.5	5.5	5.5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 02

The ratio of the black infant mortality rate to the white infant mortality rate.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	2.2	2.1	2.1	2	2
Annual Indicator	1.4	2.1	1.7	1.7	1.6
Numerator	7.2	11.6	8.9	8.5	
Denominator	5	5.5	5.2	4.9	
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	1.6	1.6	1.6	1.6	1.6
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 03

The neonatal mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	3.4	3.4	3.3	3.2	3.2
Annual Indicator	3.1	3.7	3.6	3.8	3.6
Numerator	248	292	287	302	
Denominator	81,004	79,542	79,003	80,482	
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	3.6	3.6	3.6	3.6	3.6
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	2.1	2.1	2.1	2	2
Annual Indicator	2.2	2.1	2.1	1.8	1.9
Numerator	175	169	165	145	
Denominator	81,004	79,542	79,003	80,482	
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	1.9	1.9	1.9	1.9	1.9
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 05

The perinatal mortality rate per 1,000 live births plus fetal deaths.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	8.4	8.4	8.3	8.3	8.2
Annual Indicator	7.7	8.2	8.3	9.1	8.4
Numerator	628	652	657	734	
Denominator	81,441	79,960	79,437	80,980	
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	8.4	8.4	8.4	8.4	8.4
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 06

The child death rate per 100,000 children aged 1 through 14.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	21.5	21.4	21	20.6	20.2
Annual Indicator	18.6	17.9	18.5	18.5	18.5
Numerator	219	211	218	218	
Denominator	1,177,311	1,180,712	1,181,317	1,177,891	
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	17	17	17	17	17
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

FORM NOTES FOR FORM 12

The infant mortality rate per 1000 live births.

Infant mortality rate is defined as the (number of deaths to children less than one-year old divided by the total number of live births) *1000. The source for these data is Mortality Table F6 reported in the Washington State Vital Statistics Report, 2003, from linked Birth and Death Certificate Files.

PERFORMANCE OBJECTIVES: FUTURE TARGETS WERE CHOSEN FROM A COMBINATION OF MATERNAL AND CHILD HEALTH STAFF DISCUSSIONS AND TREND ANALYSES.

FIELD LEVEL NOTES

1. **Section Number:** Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2002

Field Note:

The infant mortality rate per 1000 live births.

Infant mortality rate is defined as the (number of deaths to children less than one-year old divided by the total number of live births) *1000. The source for these data is Mortality Table F1 reported in the Washington State Vital Statistics Report, 2001, from linked Birth and Death Certificate Files.

2. **Section Number:** Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2003

Field Note:

Infant mortality rate is defined as the (number of deaths to children less than one-year old divided by the total number of live births) *1000. The source for these data is Mortality Table F6 reported in the Washington State Vital Statistics Report, 2003, from linked Birth and Death Certificate Files.

In 2003 a new birth certificate form was implemented. It collects some information differently, and caution should be used in interpreting year to year changes from 2002 to 2003.

3. **Section Number:** Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2004

Field Note:

Data were unavailable for the year 2004. Therefore, this figure is an estimate based on trend analysis.

In 2003 a new birth certificate form was implemented. It collects some information differently, and caution should be used in interpreting year to year changes from 2002 to 2003.

PERFORMANCE OBJECTIVES: Future targets were chosen from a combination of Maternal and Child Health staff discussions and trend analyses.

4. **Section Number:** Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2002

Field Note:

Outcome Measure 02:

The ratio of the black infant mortality to the white infant mortality.

The ratio is represented by the mortality rate for black infants/mortality rate for white infants by the definition given in (1). The source for these data is Mortality Table F6 reported in the Washington State Vital Statistics Report, 2001, from linked Birth and Death Certificate Files. The race of the mother is used.

5. **Section Number:** Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2003

Field Note:

The ratio is represented by the mortality rate for black infants/mortality rate for white infants by the definition given in (1). The source for these data is Mortality Table F6 reported in the Washington State Vital Statistics Report, 2003, from linked Birth and Death Certificate Files. The race of the mother is used.

In 2003 a new birth certificate form was implemented. It collects some information differently, and caution should be used in interpreting year to year changes from 2002 to 2003.

6. **Section Number:** Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2004

Field Note:

Data were unavailable for the year 2004. Therefore, this is an estimate based on trend analysis.

In 2003 a new birth certificate form was implemented. It collects some information differently, and caution should be used in interpreting year to year changes from 2002 to 2003.

PERFORMANCE OBJECTIVES: Future targets were chosen from a combination of Maternal and Child Health staff discussions and trend analyses.

7. **Section Number:** Outcome Measure 3

Field Name: OM03

Row Name:

Column Name:

Year: 2002

Field Note:

Outcome Measure 03:

The neonatal mortality rate per 1000 live births.

The rate is determined by (the number of resident infant deaths occurring within the first 27 days of life divided by the total number resident live births)*1000. The source for these data is Mortality Table F8 reported in the Washington State Vital Statistics Report, 2001, from linked Birth and Death Certificate Files.

8. **Section Number:** Outcome Measure 3

Field Name: OM03

Row Name:
Column Name:
Year: 2003

Field Note:

The rate is determined by (the number of resident infant deaths occurring within the first 27 days of life divided by the total number resident live births)*1000. The source for these data is Mortality Table F8 reported in the Washington State Vital Statistics Report, 2003, from linked Birth and Death Certificate Files.

9. Section Number: Outcome Measure 3

Field Name: OM03

Row Name:

Column Name:

Year: 2004

Field Note:

Data were unavailable for the year 2004. Therefore, this is an estimate based on trend analysis.

PERFORMANCE OBJECTIVES: Future targets were chosen from a combination of Maternal and Child Health staff discussions and trend analyses.

10. Section Number: Outcome Measure 4

Field Name: OM04

Row Name:

Column Name:

Year: 2002

Field Note:

Outcome Measure 04:

The postneonatal mortality rate per 1000 live births.

This rate is determined by (The number of deaths occurring to resident infants 28-364 days of age divided by the total number of resident live births)*1000. The source for these data is Mortality Table F8 reported in the Washington State Vital Statistics Report, 2001, from linked Birth and Death Certificate Files.

11. Section Number: Outcome Measure 4

Field Name: OM04

Row Name:

Column Name:

Year: 2003

Field Note:

This rate is determined by (The number of deaths occurring to resident infants 28-364 days of age divided by the total number of resident live births)*1000. The source for these data is Mortality Table F4 reported in the Washington State Vital Statistics Report, 2003, from linked Birth and Death Certificate Files.

12. Section Number: Outcome Measure 4

Field Name: OM04

Row Name:

Column Name:

Year: 2004

Field Note:

Data were unavailable for the year 2005. Therefore, this is an estimate based on trend analysis.

PERFORMANCE OBJECTIVES: Future targets were chosen from a combination of Maternal and Child Health staff discussions and trend analyses.

13. Section Number: Outcome Measure 5

Field Name: OM05

Row Name:

Column Name:

Year: 2002

Field Note:

Outcome Measure 05:

The perinatal mortality rate per 1000 live births.

The rate is determined by [The number of resident fetal deaths > 20 weeks gestation + resident infant deaths within the first 6 days of life divided by the total resident live births + Fetal deaths]*1000. The source for these data is Mortality Table F8 reported in the Washington State Vital Statistics Report, 2001, from linked Birth and Death Certificate Files.

14. Section Number: Outcome Measure 5

Field Name: OM05

Row Name:

Column Name:

Year: 2003

Field Note:

The rate is determined by [The number of resident fetal deaths > 20 weeks gestation + resident infant deaths within the first 6 days of life divided by the total resident live births + Fetal deaths]*1000. The source for these data is Mortality Table F8 reported in the Washington State Vital Statistics Report, 2003, from linked Birth and Death Certificate Files.

15. Section Number: Outcome Measure 5

Field Name: OM05

Row Name:

Column Name:

Year: 2004

Field Note:

Data were unavailable for the year 2004. Therefore, this is an estimate based on trend analysis.

PERFORMANCE OBJECTIVES: Future targets were chosen from a combination of Maternal and Child Health staff discussions and trend analyses.

16. Section Number: Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2002

Field Note:

Outcome Measure 06::

The child death rate per 100,000 children aged 1-14.

The source for this data is the Washington Center for Health Statistics Death Certificate Files (updated annually between September and October) and reported in Washington State Vital Statistics. The rate reflects deaths to children ages 1-14 from all causes divided by the population ages 1-14. The population figures are from Office of Financial Management.

17. Section Number: Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2003

Field Note:

The source for this data is the Washington Center for Health Statistics Death Certificate Files (updated annually between September and October) and reported in Washington State Vital Statistics. The rate reflects deaths to children ages 1-14 from all causes divided by the population ages 1-14. The population figures are from Office of Financial Management.

18. Section Number: Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2004

Field Note:

Data were unavailable for the year 2004.

The source for this estimated data is the Washington Center for Health Statistics 2003 Death Certificate Files (updated annually between September and October) and reported in Washington State Vital Statistics. The rate reflects deaths to children ages 1-14 from all causes divided by the population ages 1-14. The population figures are from Office of Financial Management.

PERFORMANCE OBJECTIVES: Future targets were chosen from a combination of Maternal and Child Health staff discussions and trend analyses.

FORM 13
CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS
STATE: WA

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

3

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

3

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

3

4. Family members are involved in service training of CSHCN staff and providers.

3

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

3

6. Family members of diverse cultures are involved in all of the above activities.

3

Total Score: 18

Rating Key

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

FORM NOTES FOR FORM 13

None

FIELD LEVEL NOTES

None

FORM 14
LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE: WA FY: 2006

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. Adequate nutrition and physical activity.
2. Lifestyles free of substance use and addiction.
3. Optimal mental health and healthy relationships.
4. Healthy physical and social environment.
5. Safe and injury free community.
6. Healthy physical growth and cognitive development.
7. Sexual health and sexual responsibility.
8. Access to preventive and treatment services.
9. Quality screening, identification, intervention, and care coordination.
- 10.

FORM NOTES FOR FORM 14

Priorities have changed since 2000. The 2000 Priorities, not in any particular order, are the following:

- *Improve access to prenatal care
- *Improve oral health status and access to care
- *Improve coordination of services for CSHCN
- *Improve early identification, diagnosis, and intervention
- *Decrease family violence
- *Decrease unintended pregnancy
- *Improve mental health status
- *Ensure surveillance capacity for CSHCN
- *Decrease tobacco use
- *Improve nutritional status

FIELD LEVEL NOTES

None

FORM 15
TECHNICAL ASSISTANCE(TA) REQUEST

STATE: WA

APPLICATION YEAR: 2006

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u>	CSHCN Program	Improve quality of data collected on CSHCN using local public health CSHCN programs to include elements of ethnicity, education, and economic levels so information can be used in program development.	Expert trainer in cultural competency and interviewing skills.
2.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>	Cultural Competence	Assist state and local MCH staff in understanding and applying the CLAS Standards to help us address health disparities.	DHHS Office of Minority Health
3.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u>	Performance Measure Targets	Assist OMCH develop the skills to develop realistic targets for the national and state performance measures for the MCHBG.	Expert facilitator in establishing targets for performance measures.
4.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u>	Integration	OMCH needs expert facilitation to focus on intra-agency collaboration to improve the health services system for children and families.	Expert facilitator in systems integration.
5.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u>	Fragile X Education	OMCH would like to bring a nationally known speaker to an educational conference being planned in 2005 for genetic service providers.	Nationally recognized speaker on testing for Fragile X.
6.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u>	Adolescent Health	OMCH needs assistance to collaborate with other state and territorial adolescent health coordinators in order to improve access to national resources and experts on adolescent health.	MCHB
7.	State Performance Measure Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> 9 </u>	Nutrition	Mobilize MCH Nutrition Team to enlist support of partners to address hunger and food security in the MCH population.	Expert to review strategic plan and food security activities.
8.	State Performance Measure Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> 6 </u>	Domestic Violence Prevention	OMCH needs consultation with state and local MCH staff regarding curriculum revisions, evaluation of training, and developing measures for effects of witnessing domestic violence by children.	Dr. Linda Chamberlain, a nationally recognized expert on domestic violence.
9.	State Performance Measure Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> 6 </u>	Healthy Relationships	The Healthy Relationship Project would like technical assistance from other MCH state youth projects to review current proposals and results, develop a work plan, and provide guidance.	A person who has a project within their state that focuses on prevention of intimate partner violence.
10.	National Performance Measure Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the	Decision-Making and Comprehensive Care for Children with Special Health Care Needs	OMCH needs training related to family leadership for children with special health care needs and parent consultants.	Consultant from the National Center for Cultural Competence.

	measure number here: <u>2</u>			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

FORM NOTES FOR FORM 15

None

FIELD LEVEL NOTES

None

FORM 16
STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: WA

SP # 1

PERFORMANCE MEASURE:

The percent of pregnancies (live births, fetal deaths, abortions) that are unintended.

STATUS:

Active

GOAL

Reduce the number of unplanned pregnancies.

DEFINITION

Numerator:

Numerator: Estimate of all unintended births from PRAMS data, similar proportion of fetal deaths, plus all abortions.

Denominator:

Denominator: All live births and fetal deaths plus abortions.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

PRAMS and WA State Center for Health Statistics abortion data files. This estimate assumes all abortions are the result of unintended pregnancy and that the proportion of fetal deaths which are unintended is the same as the proportion of live births. A small percentage of abortions will be due to fetal or maternal condition and not the result of an unintended pregnancy.

SIGNIFICANCE

Unintended pregnancy is correlated with late or inadequate prenatal care, low birth weight, neonatal death, domestic violence, child abuse, and exposure of the fetus to harmful substances like tobacco, alcohol, and other drugs. It is associated with social and economic co-factors such as economic hardship, marital dissolution, failure to achieve educational goals, and spousal abuse.

SP # 2

PERFORMANCE MEASURE:	The percent of pregnant women abstaining from smoking.
STATUS:	Active
GOAL	Increase abstinence from tobacco during pregnancy.
DEFINITION	<p>Numerator: Number of women reporting tobacco use during pregnancy from Birth Certificate data.</p> <p>Denominator: All live births.</p> <p>Units: 100 Text: Percent</p>
HEALTHY PEOPLE 2010 OBJECTIVE	
DATA SOURCES AND DATA ISSUES	Birth Certificate data.
SIGNIFICANCE	Maternal smoking during pregnancy is a risk factor for low birth weight, the leading cause of infant mortality as well as congenital malformations.

SP # 3

PERFORMANCE MEASURE:

Percent of women who receive counseling from their prenatal health care provider on tests for identifying birth defects or genetic disease.

STATUS:

Active

GOAL

Ameliorate the consequences of disorders through prenatal counseling and specialized obstetric and neonatal care.

DEFINITION

Numerator:

Number of women who received prenatal care prior to the birth of their child and who were offered counseling on tests for identifying birth defects or genetic disease.

Denominator:

All women delivering a baby in the State of Washington.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

PRAMS

SIGNIFICANCE

Approximately three percent of all families have a risk of having a newborn with a genetic disorder. Approximately 60% of fetuses with Down Syndrome and 98% of fetuses with an abdominal wall defect or neural tube defect can be identified by MSAFP screening during pregnancy. Prenatal genetic counseling and testing is a valuable way to diagnose and provide for interventions for babies born with birth defects and genetic conditions.

SP # 4

PERFORMANCE MEASURE:

Establish state and local capacity for determining the prevalence of children with special health care needs.

STATUS:

Active

GOAL

To develop a systematic means of providing reliable data on the prevalence of children with special health care needs.

DEFINITION

See notes for a detailed list of benchmarks and how they are described in percentages.

Numerator:

The number of performance measure benchmarks Washington has reached towards establishing state and local capacity for determining the prevalence of children with special health care needs.

Denominator:

Total number of benchmarks for this measure (9).

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

The State CSHCN program; National Health Institute Disability Supplemental Data; State Department of Social and Health Services Medical Assistance Administration data; Vital Statistics and Hospital Discharge data; health care plans, others. The process of increasing assessment capacity for children with special health care needs is evolving. Little experience in utilizing secondary data sets for children with special health care needs exist. Primary data collection has been limited. Application of national level survey data to children with special health care needs at the state level has been limited. No single existing source of data meets the identified needs for data to promote the health and well being of children with special health care needs.

SIGNIFICANCE

Approx. 18% of WA's children have a special health care need. OMCH promotes comprehensive, family centered systems of care, and assures the quality, efficacy and appropriateness of services for this population. To fulfill these roles, CSHCN must first be able to identify the population and provide reliable data on prevalence. Then we can focus on collecting and reporting issues, health status and quality of life for children with special health care needs. The development & implementation of an integrated data system providing regularly available data for these uses is critical to assuring and promoting the health and well being of these children.

SP # 5

PERFORMANCE MEASURE:

To reduce the prevalence of 8th grade youth who report smoking one or more cigarettes in the last 30 days.

STATUS:

Active

GOAL

To reduce tobacco use by youth.

DEFINITION

Numerator:

The estimated number of 8th graders in Washington who reported smoking one or more cigarettes in the last 30 days, as measured on the Healthy Youth 2002 Survey.

Denominator:

The number of 8th grade students enrolled in Washington State public schools.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

The source of this measure will come from the Healthy Youth Survey, which will be administered every two years beginning in 2002.

SIGNIFICANCE

The Washington State Department of Health has received a \$15 million allocation from tobacco settlement funds to begin a statewide comprehensive tobacco prevention and control program. A significant proportion of program funding will be dedicated to youth-oriented anti-tobacco media campaigns, school-based prevention programs, and community-based youth empowerment programs. Measurement of youth tobacco use will be an important key to tracking overall program efficacy.

SP # 6

PERFORMANCE MEASURE:

The percent of women who are screened for domestic violence during their prenatal care visits. (SP 11 Revised.)

STATUS:

Active

GOAL

To reduce the incidence of domestic violence experienced by pregnant and postpartum women by increasing perinatal provider identification and referral through increased training efforts.

DEFINITION

Numerator:

Number of women who have delivered a live birth who report that their doctor, nurse or other health care provider talked to them during prenatal care visits about physical abuse to women by their husbands or partners. (PRAMS data weighted for statewide estimate).

Denominator:

All pregnant women who have delivered a live birth (based on PRAMS data weighted for statewide estimate).

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

PRAMS

SIGNIFICANCE

Approximately 5% of pregnant women in Washington report being physically abused during pregnancy based on PRAMS data. The rate is much higher for teens and low-income women. Health care providers see pregnant women frequently and are in a position to play an important role in identifying and referring victims of domestic violence. Washington's approach is to develop ongoing mechanisms to train health care providers on identification and referral of domestic violence for pregnant and postpartum women, increase the percent of pregnant women who are screened during their prenatal visits and ultimately to reduce the prevalence of domestic violence.

SP # 7

PERFORMANCE MEASURE:

Increase the capacity of MCH to assess mental health needs of the child and adolescent population and to promote early identification, prevention and intervention services.

STATUS:

Active

GOAL

Increase the mental health of MCH populations.

DEFINITION

See notes for a detailed list of benchmarks.

Numerator:

The number of performance measure bench marks Washington has reached to towards assessing the mental health needs of the child and adolescent population.

Denominator:

Total number of benchmarks (15).

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

There will be two major data related focus areas: 1. Currently there is a lack of Washington specific data regarding the level of need for non-publicly funded mental health services for MCH populations. Therefore, work on this performance measure will require increasing MCH's assessment capacity to identify the level of need. 2. Data does exist in other state agencies regarding the availability and usage of publicly funded mental health services. MCH's activities will includedeveloping an analytic plan to collect and analyze secondary data sources which may include JRA Mental Health Systems Design Committee survey results, King County school-based clinic data, DSHS Child Welfare data, and the Health Youth Survey 2002.

SIGNIFICANCE

It has been estimated that as many as 20% of children and adolescents have a diagnosable behavioral, emotional or mental disorder. Furthermore, these conditions can lead to substance use, violent behaviors (including suicide attempts) and may limit educational attainment. Because this is a new priority for MCH and because limited data exist on some mental health issues (i.e., the level of need for mental health services by MCH populations in the State of Washington), the initial focus of MCH's efforts will be on assessment.

SP # 8

PERFORMANCE MEASURE:

The percent of women who are screened during prenatal care visits for smoking, alcohol use, illegal drug use, HIV status, and postpartum birth control plans.

STATUS:

Active

GOAL

To improve access to comprehensive prenatal care that includes universal screening for smoking, alcohol use, illegal drug use, HIV status, and postpartum birth control plans.

DEFINITION

Numerator:

Number of women who have delivered a live birth who report that their doctor, nurse or other health care provider talked to them during prenatal care visits about smoking, drinking alcohol, post-partum birth controls, illegal drugs, and getting tested for HIV. (based on PRAMS data weighted for statewide estimates.)

Denominator:

All pregnant women who have delivered a live birth (based on PRAMS data weighted for statewide estimate).

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

PRAMS provides data on all of these issues.

SIGNIFICANCE

Universal screening during prenatal care visits for smoking, alcohol use, illegal drug use, HIV status and postpartum birth control provides opportunities to identify high risk behaviors and conditions so that interventions can be provided to reduce smoking, alcohol and illegal drug use; reduce perinatal transmission of HIV; and reduce subsequent unintended pregnancies.

SP # 9

PERFORMANCE MEASURE:

Develop and implement a set of measurable indicators and a strategic plan to improve food security in the Washington MCH population, that is, absence of skipped meals or hunger due to lack of food.

STATUS:

Active

GOAL

To improve food security in the Washington State MCH population.

DEFINITION

See notes for a detailed list of benchmarks.

Numerator:

The number of performance measure benchmarks Washington has reached to towards improving food security.

Denominator:

Total number of benchmarks (15).

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

These reports provide indicators of Food Security or Food Insecurity/ Hunger in Washington: YRBS, BRFSS, PRAMS, Children's Alliance Food Policy Center, Anti-Hunger and Nutrition Coalition, Food Stamp Program Administrative Reports, and Kid's Count, WIC, and Office of the Superintendent of Public Instruction Child Nutrition Programs (school lunch and breakfast), and Food Bank Organizations reports of utilization.

SIGNIFICANCE

Aberrant nutritional status can result from food or nutrient deficits or excesses. The concept of Food Security implies adequate household resources are needed to obtain sufficient nutritionally adequate and safe foods to meet basic needs through regular marketplace sources, without need to resort to emergency food sources (food banks), scavenging, stealing, or other severe coping strategies. The vast majority of Americans are food secure. Child-bearing aged women, infants, and children are especially vulnerable to the adverse effects of hunger and nutrient inadequacies, and those with low income are at greatest risk. Nutrient intake and dietary habits of infants and children impact readiness to learn and contribute to health risks in adulthood. Nutrition factors contribute substantially to the burden of preventable illness and premature death in the U.S. and to the nation's economic burden.

SP # 10

PERFORMANCE MEASURE:

Increase statewide system capacity to promote health and safety in child care.

STATUS:

Active

GOAL

Increase the capacity of the state to promote health and safety in child care by: a) developing collaborations with state agencies providing child care services, b) securing long term funding c) developing a set of core competencies for child care health consultation, d) integrating training and technical assistance, and e) promoting access to health insurance and a medical home through linkages with childcare providers.

DEFINITION

See notes for a detailed list of benchmarks.

Numerator:

The number of performance measure benchmarks Washington has reached to increase statewide system capacity to promote health and safety in child care.

Denominator:

Total number of benchmarks (18).

Units: 100 **Text:** percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Data will come from the Child and Adolescent Health Program

SIGNIFICANCE

The Washington State Department of Health, Maternal and Child Health Office (MCH) has taken a comprehensive approach to building an integrated public health/child care framework throughout Washington State in order to ensure the health and safety of the 60-70% of children under age 5 who are estimated to attend out-of-home care. This approach encompasses both the immediate physical needs of children as well as the developmental and emotional health in order to support children's readiness to learn at school entry. MCH activities have focused in three areas: training and technical assistance, quality assurance, and support for access to health services. All of these MCH activities aim to provide training to local health and child care resource and referral agencies so that they can better understand the health status and provide for the developmental needs of children in child care both in terms of the care they provide and the training of parents and/or linkage to services they assist parents with.

FORM NOTES FOR FORM 16

STATE PERFORMANCE MEASURES HAVE CHANGED SINCE 2000. PLEASE SEE FIELD NOTES FOR DETAILS.

OVERALL:

*SPMs 1 and 2 from 2000 will be continued for 2005-2009.

*SPM 3, 6, and 8 from 2000, have now been combined to create SPM 3 for 2005-2009.

*The remaining SPMs from 2000 have been discontinued

FIELD LEVEL NOTES

1. Section Number: State Performance Measure 5

Field Name: SPM5

Row Name:

Column Name:

Year: 2006

Field Note:

Increase use of Bright Futures materials and principles by health, social service, and education providers in Washington State.

Benchmark targets to report on progress on the performance measure:

Year 1

1. Form internal (DOH) Bright Futures working/advisory group
2. Plan for establishing inter-agency Bright Futures group—including for example schools or OSPI, American Academy of Pediatrics national and state chapters, family practitioners, Medicaid (DSHS), health plans
3. Provide support and technical assistance to groups of professionals recently trained in use of Bright Futures: the school nurse corps supervisors, early childhood providers participating in Bright Futures in Early Childhood
4. Develop plan for assessment of current use of Bright Futures by health, social service and education providers in the state
5. Develop plan for using Bright Futures Oral Health in statewide trainings
6. Begin implementation of the grant-funded project to train foster families in mental health issues using Bright Futures

Year 2

7. Disseminate findings/successes/lessons learned from Bright Futures in Early Childhood Project
8. Begin assessment of the current use of Bright Futures by Washington State providers
9. Begin assessment of the need for Bright Futures trainings among professionals across the state
10. Continue Foster Parent Mental Health training
11. Convene inter-agency Bright Futures group and develop strategic plan
12. Collaborate or coordinate with other DOH groups such as Physical Activity and Nutrition, or STEPS, to promote Bright Futures
13. Develop materials for trainings of health, education and social service providers
14. Implement Bright Futures Oral Health trainings

Year 3

15. Conduct trainings or develop curricula/materials according to needs identified in assessment
16. Evaluate Bright Futures oral health trainings
17. Disseminate findings from Foster Parent Mental Health project

Year 4

18. Provide support and assistance to local projects aimed at increasing use of Bright Futures
19. Develop plan for ongoing professional oral health trainings, based on the evaluation

Year 5

20. Assess Bright Futures activities to date and revise the plan in order to continue health promotion activities for the MCH population.

2. Section Number: State Performance Measure 7

Field Name: SPM7

Row Name:

Column Name:

Year: 2006

Field Note:

Year 1

1. Identify state OMCH activities to promote health, safety and school readiness of children 0-6.
2. Provide training, technical assistance (TA) and consultation to Child Care Health Consultants (CCHCs) to raise awareness regarding health, safety and school readiness.
3. Increase awareness and use of Early Childhood Comprehensive Systems (ECCS) plan (Kids Matter) by state & local partners.
4. Track OMCH school readiness efforts based on Kids Matter plan.
5. Facilitate OMCH Early Childhood Workgroup to address & increase integration regarding health, safety and school readiness of children 0-6.
6. Add reps. of Healthy Child Care Washington (HCCW) to the State Joint Early Childhood Advisory Committee of Kids Matter.
7. Expand CCHC and CHILD Profile activities into HCCW system.

Year 2

8. Provide TA and training to CCHCs regarding Kids Matter (ECCS) and implementation activities.
9. Identify existing OMCH data that can inform Kids Matter indicators and outcomes.
10. Identify system level indicators for components of Kids Matter.
11. Communicate health and safety in school readiness efforts based on Kids Matter system level outcomes across OMCH.
12. Link Kids Matter indicators and outcomes to OMCH nine priorities.
13. Provide TA and training to users of web-based data collection system (HCCWDC) for HCCW.
14. Identify key HCCW policy messages and dissemination strategies.
15. Create and disseminate annual report for HCCW.

Year 3

16. Identify opportunities for funding and/or partnership initiatives related to health, safety and school readiness of children 0-6.
17. Identify opportunities for funding and/or partnership initiatives to sustain the statewide system of CCHCs (HCCW).
18. Monitor Kids Matter (ECCS) indicators and outcomes.
19. Share information with Kids Matter planners and OMCH staff to inform efforts related to health, safety and school readiness.
20. Review user feedback to determine if changes to HCCWDC system or training/TA delivery are needed.
21. Make changes to HCCWDC as identified.
22. Disseminate key HCCW policy messages to related groups and initiatives.
23. Identify barriers & strengths in HCCW network to promoting nurturing relationships and healthy environments in child care.

Year 4

24. Maintain collaborations/partnerships with public and private sectors addressing health, safety and school readiness of children 0-6.
25. Disseminate findings from Kids Matter (ECCS) implementation grant.

26.Achieve full compliance of statewide users reporting in HCCWDC.

27.Develop and implement a plan to reduce barriers/promote strengths in HCCW network to support nurturing relationships and healthy environments in child care.

Year 5

28.Use information and data gathered from Kids Matter (ECCS) in Years 1-4 to inform 2010 OMCH Needs Assessment.

FORM 17
HEALTH SYSTEMS CAPACITY INDICATORS
FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA
STATE: WA

HEALTH SYSTEMS CAPACITY MEASURE # 01

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	36.9	32.5	33.6	25.8	
Numerator	1,456	1,295	1,342	1,029	
Denominator	394,306	398,000	399,421	398,680	
Is the Data Provisional or Final?				Final	

HEALTH SYSTEMS CAPACITY MEASURE # 02

The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	87.0	85.0	97.0	98.6	
Numerator	30,732	31,453	31,435	32,487	
Denominator	35,325	37,003	32,407	32,948	
Is the Data Provisional or Final?				Final	

HEALTH SYSTEMS CAPACITY MEASURE # 03

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	87.0	85.0	NaN	NaN	
Numerator	5,367	5,244	0	0	0
Denominator	6,169	6,169	0	0	
Is the Data Provisional or Final?				Final	Final

HEALTH SYSTEMS CAPACITY MEASURE # 04

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	70.6	70.8	71.1	66.3	
Numerator	49,512	49,117	48,547	41,128	
Denominator	70,109	69,377	68,324	62,080	
Is the Data Provisional or Final?				Final	

HEALTH SYSTEMS CAPACITY MEASURE # 07

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	47.9	50.5	53.8	55.0	
Numerator	61,028	69,496	75,891	74,122	
Denominator	127,463	137,708	141,160	134,749	
Is the Data Provisional or Final?				Final	

HEALTH SYSTEMS CAPACITY MEASURE # 08

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	11.1	11.0	8.9	10.3	7.7
Numerator	1,098	1,180	936	1,171	910
Denominator	9,920	10,720	10,570	11,418	11,893
Is the Data Provisional or Final?				Final	Final

FORM NOTES FOR FORM 17

None

FIELD LEVEL NOTES

1. **Section Number:** Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2002

Field Note:

The rate of children hospitalized for asthma (10,000 children less than five years of age)

These data come from the Washington State Hospital Discharge database (CHARS) and are updated annually. The numerator represents the number of hospital discharges for children less than 5 years of age who had a primary diagnosis of asthma (ICD-9 codes 493.0-493.9). The denominator represents the number of children less than 5 years of age in Washington from Office of Financial Management.

2. **Section Number:** Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2003

Field Note:

These data come from the Washington State Hospital Discharge database (CHARS) and are updated annually. The numerator represents the number of hospital discharges for children less than 5 years of age who had a primary diagnosis of asthma (ICD-9 codes 493.0-493.9). The denominator represents the number of children less than 5 years of age in Washington from Office of Financial Management

3. **Section Number:** Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2004

Field Note:

Data were unavailable for the 2004 reporting year at this time.

4. **Section Number:** Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2002

Field Note:

HSC12: The percent of Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.

Data: 31453/37003 = 85%

Note: These data are provided from the 2001 Medicaid Healthy Options chart review conducted by the Oregon Medical Professional Review Organization. Healthy Options is the Medicaid managed care program. Out of the managed care sample study of 1061 children, ages 0-12 months, 900 received at least one Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) visit (85%). There was no fee for service sample in 2002. The numerator reported for this measure represents the estimated number of children enrolled in Medicaid that received at least one EPSDT visit. The denominator represents the average monthly number of infants less than 1 year of age enrolled in Medicaid in 2001. Approximately 75% of children on Medicaid are enrolled in managed care, and approximately 11% are recently enrolled and waiting for coverage under Healthy Options (up to a 3 month wait). The remaining 14% have fee-for-service coverage. Children with fee-for-service include children with SSI, in Foster Care, and who live in counties without a managed care option.

5. **Section Number:** Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2003

Field Note:

These data are based on the Washington State 2004 HEDIS Report from the Department of Social and Health Services and reflect the estimated statewide proportion of children who turned 15 months old during the reporting year, who were enrolled from 31 days of age in Medicaid or SCHIP and who received at least one well child visit. Data from seven managed care plans (who serve approximately 70% of the Medicaid enrollees less than 15 months) contributed to this report. Children not covered by managed care plans include those on SSI, in foster care, and residents who live in counties without a managed care option.

6. **Section Number:** Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2004

Field Note:

Data were unavailable for 2004.

7. **Section Number:** Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2002

Field Note:

NOTE: We do not have 1998 data for this yet it keeps asking for it, so I put 0 in there.

HSC13: The percent of Children's Health Insurance Program (CHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

Data: 5244/6169= 85%

Note: The Children's Health Insurance Program (CHIP) in Washington State began accepting applicants in January 2000. Data are not available on the percentage of children in CHIP less than 1 year old who received at least one initial periodic screen. The reported data were extrapolated from the percent of Medicaid enrollees under 1 year who received at least one initial periodic screen. The numerator represents the estimated number of children less than 1 year who received at least one periodic screen. The denominator represents the estimated number of children less than 1 year old enrolled in CHIP in December 2001, obtained from the Washington Department of Social and Health Services, Medicaid Assistance Administration (MAA), Medicaid Management Information System (MMIS) Eligibility Files.

8. **Section Number:** Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2003

Field Note:

HSC3: The data from the previous years reflects all CHIP enrollees, not just children less than 1 year. In 2003, there were approximately 194 children less than 15 months during the reporting year who were covered by the State Children's Health Insurance Plan. A little over half of these children were enrolled in managed care plans. Their well child experience is included in the Washington State 2004 HEDIS Report from the Department of Social and Health Services. Because data specific to the CHIP enrollees are not available through HEDIS for this age group, we are currently unable to report on this measure. Washington CHIP covers from 200 to 250% of the poverty level.

9. Section Number: Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2004

Field Note:

Data were unavailable for 2004.

10. Section Number: Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2002

Field Note:

The percent of women with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index. These data come from the Washington State Center for Health Statistics Birth Certificate Files and are updated annually. The numerator represents the number of resident women (15-44 with a live birth) whose Adequacy of Prenatal Care Utilization (APNCU) index is greater than or equal to 80%. The denominator represents all resident women (15-44) with a live birth during the reporting year. 11.8% of the data fall outside the range of acceptable weight range (400-6000 grams) or are missing information describing the number of prenatal care visits and month prenatal care visits began.

11. Section Number: Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2003

Field Note:

These data come from the Washington State Center for Health Statistics Birth Certificate Files and are updated annually. The numerator represents the number of resident women (15-44 with a live birth) whose Adequacy of Prenatal Care Utilization (APNCU) index is greater than or equal to 80%. The denominator represents all resident women (15-44) with a live birth during the reporting year. 23.7% of the data are missing information describing the number of prenatal care visits and month prenatal care visits began.

In 2003 a new birth certificate form was implemented. It collects some information differently, and caution should be used in interpreting year to year changes from 2002 to 2003. Specifically, changes in prenatal care may be due wholly or in part to reporting changes.

12. Section Number: Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2004

Field Note:

Data were unavailable for 2004.

In 2003 a new birth certificate form was implemented. It collects some information differently, and caution should be used in interpreting year to year changes from 2002 to 2003. Specifically, changes in prenatal care may be due wholly or in part due to reporting changes.

13. Section Number: Health Systems Capacity Indicator #07

Field Name: HSC07

Row Name:

Column Name:

Year: 2002

Field Note:

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year. These data come from MCH Oral Health and the Department of Social and Health Services Medical Assistance Administration. The numerator represents the number of Medicaid enrolled children 6-9 who received any dental service in 2001. The denominator represents the total number of children ages 6-9 enrolled in Medicaid in 2001, in both Healthy Options (the MAA managed care program) and fee-for-service.

14. Section Number: Health Systems Capacity Indicator #07

Field Name: HSC07

Row Name:

Column Name:

Year: 2003

Field Note:

These data come from the Department of Social and Health Services Medical Assistance Administration. The numerator represents the number of Medicaid enrolled children 6-9 who received any dental service in 2003. The denominator represents the total number of children ages 6-9 enrolled in Medicaid in 2003, in both Healthy Options (the MAA managed care program) and fee-for-service.

15. Section Number: Health Systems Capacity Indicator #07

Field Name: HSC07

Row Name:

Column Name:

Year: 2004

Field Note:

Data is unavailable for 2004.

16. Section Number: Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2002

Field Note:

The percent of State SSDI beneficiaries less than 16 year old receiving rehabilitative services from the State Children with Special Health Care Needs Program. The sources of these data are the Washington State CSHCN Child Health Intake Form (CHIF) database and the Federal Social Security Administration. The numerator is the number of kids with a Child Health Intake Form (CHIF) completed who have SSI in 2002 (936). The total number of entries in the CHIF database for 2002 was 12,120. The denominator is from state-specific SSI data from the Health and Ready to Work National Center. In Washington, this target is set low because Medicaid provides extensive benefits and the CSHCN program is the payer of last resort. Last year's figures have been updated.

17. Section Number: Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:
Column Name:
Year: 2003

Field Note:
The sources of these data are the Washington State CSHCN Child Health Intake Form (CHIF) database and the Federal Social Security Administration. The numerator is the number of kids with a Child Health Intake Form (CHIF) completed who have SSI in 2003 (1,171). The total number of entries in the CHIF database for 2002 was 10,399. The denominator is from state-specific SSI data from the Health and Ready to Work National Center. In Washington, this target is set low because Medicaid provides extensive benefits and the CSHCN program is the payer of last resort. Last year's figures have been updated.

18. Section Number: Health Systems Capacity Indicator #08
Field Name: HSC08

Row Name:
Column Name:
Year: 2004

Field Note:
The sources of these data are the Washington State CSHCN Child Health Intake Form (CHIF) database and the Federal Social Security Administration. The numerator is the number of children under the age of 16 with a CHIF form completed indicating they have SSI coverage in 2004 (910). The denominator is from state-specific data from the Healthy and Ready to Work National Center for SSI recipients December 2004. In Washington, this target is set low because Medicaid provides extensive benefits and the CSHCN program is the payor of last resort.

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #05
(MEDICAID AND NON-MEDICAID COMPARISON)
STATE: WA

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) Percent of low birth weight (< 2,500 grams)	2003	Matching data files	<u>6.6</u>	<u>5.5</u>	<u>6</u>
b) Infant deaths per 1,000 live births	2003	Matching data files	<u>6.7</u>	<u>4.4</u>	<u>5.4</u>
c) Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester	2003	Matching data files	<u>72.3</u>	<u>89.6</u>	<u>81.6</u>
d) Percent of pregnant women with adequate prenatal care (observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])	2003	Matching data files	<u>62</u>	<u>73.3</u>	<u>68.1</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06 (MEDICAID ELIGIBILITY LEVEL)
STATE: WA

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)
a) Infants (0 to 1)	2003	<u>200</u>
b) Medicaid Children (Age range <u>1</u> to <u>18</u>) (Age range <u> </u> to <u> </u>) (Age range <u> </u> to <u> </u>)	2003	<u>200</u> <u> </u> <u> </u>
c) Pregnant Women	2003	<u>100</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06 (SCHIP ELIGIBILITY LEVEL)
STATE: WA

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) Infants (0 to 1)	2003	<u>250</u>
b) Medicaid Children (Age range <u>1</u> to <u>18</u>) (Age range <u> </u> to <u> </u>) (Age range <u> </u> to <u> </u>)	2003	<u>250</u> <u> </u> <u> </u>
c) Pregnant Women	2003	<u> </u>

FORM NOTES FOR FORM 18

These data reflect the infant mortality rate for the 2002 Medicaid birth cohort. Thus, the number is based on the number of Medicaid and non-Medicaid infants born in 2002 who died in their infancy (so the death may have occurred in 2002 or in 2003). The overall number for this HSI differs from the CY 2003 period infant mortality rate for outcome measure #01. Outcome measure 01 is a period mortality rate and reflects the total number of infant deaths during CY2003 divided by the total number of live births in CY 2003.

The percent of missing data (unknown and excluded) for the Medicaid and Non-Medicaid comparisons are: LBW: 0.3 % Medicaid, 0.4% Non-Medicaid; First trimester PNC: 18.4% Medicaid, 20.1% Non-Medicaid, Adequate PNC: 23.1% Medicaid and 24.3% non-Medicaid.

FIELD LEVEL NOTES

1. Section Number: Indicator 06 - SCHIP

Field Name: SCHIP_Women

Row Name: Pregnant Women

Column Name:

Year: 2006

Field Note:

SCHIP eligibility applies to children only.

2. Section Number: Indicator 05

Field Name: CareFirstTrimester

Row Name: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester

Column Name:

Year: 2006

Field Note:

These data reflect the infant mortality rate for the 2003 Medicaid birth cohort. Thus, the number is based on the number of Medicaid and non-Medicaid infants born in 2003 who died in their infancy (so the death may have occurred in 2003 or 2004). The overall number for this HSI differs from CY2003 period infant mortality rate for outcome measure #01. Outcome measure 01 is a period mortality rate and reflects the total number of infant deaths during CY2003 divided by the total number of live births in CY2003.

18.4% of Medicaid values and 20.1% of non-Medicaid values are unknown and excluded.

In 2003 a new birth certificate form was implemented. It collects some information differently, and caution should be used in interpreting year to year changes from 2002 to 2003. Specifically, changes in prenatal care may be due wholly or in part to reporting changes.

3. Section Number: Indicator 05

Field Name: AdequateCare

Row Name: Percent of pregnant women with adequate prenatal care

Column Name:

Year: 2006

Field Note:

These data reflect the infant mortality rate for the 2003 Medicaid birth cohort. Thus, the number is based on the number of Medicaid and non-Medicaid infants born in 2003 who died in their infancy (so the death may have occurred in 2003 or 2004). The overall number for this HSI differs from CY2003 period infant mortality rate for health system capacity measure #4. HSC 04 used period data from Birth Certificate files.

23.1% of Medicaid values and 24.3% of non-Medicaid values are unknown and excluded.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: WA

HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)
(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
ANNUAL DATA LINKAGES		
Annual linkage of infant birth and infant death certificates	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	3	No
Annual linkage of birth certificates and WIC eligibility files	2	No
Annual linkage of birth certificates and newborn screening files	3	No
REGISTRIES AND SURVEYS		
Hospital discharge survey for at least 90% of in-State discharges	3	Yes
Annual birth defects surveillance system	3	Yes
Survey of recent mothers at least every two years (like PRAMS)	3	Yes

*Where:

1 = No, the MCH agency does not have this ability.

2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.

3 = Yes, the MCH agency always has this ability.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: WA

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	1	No
Other: Healthy Youth Survey	3	Yes

HEALTH SYSTEMS CAPACITY INDICATOR #09C (Data Capacity) Overweight/Obesity
(The Ability of the State to Determine the Percent of Children Who are Obese or Overweight)

Data Source	Does your state participate in this survey/data source? (Select 1 - 3)*	Does your MCH program have direct access to this electronic database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	1	No
Pediatric Nutrition Surveillance System (PedNSS)	3	No
WIC Program Data	3	No
Other: Healthy Youth Survey	3	Yes

*Where:

1 = No

2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.

3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

Notes:

1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

FORM NOTES FOR FORM 19

Annual Data Linkages:

The Department of Health initiated an internal data sharing agreement to link the WIC eligibility files with the PRAMS survey data and the birth certificates for 1999-2001. MCH should have access to at least the WIC-PRAMS linked data. This linkage is in progress.

Washington does not link the birth certificate file to the newborn screening file. However, the newborn screening program does receive copies of the birth records from facilities and uses that information to monitor the children screened, and assures that children have access to treatment as necessary. Over 99% of children born in Washington are screened using this methodology.

Although MCH does not have direct access to the Medicaid and newborn screening data, we have a strong history of collaboration with our partners to obtain data needed for program planning. In addition, through our SSDI grant we have been working with partners in the Department of Social and Health Services to enhance our understanding and use of Medicaid data through the development of a data review process, data dictionary, and monthly data meeting.

Registries and Surveys: Washington has a passive birth defects surveillance system based on hospital discharge data. The BDSS is actively working on improving compliance with reporting requirements, enhancing data validation efforts, and boosting the data linkage to birth, fetal death and death certificates. Although Washington does not implement the YRBS, we do have a survey of adolescents implemented through the schools every two years. The Healthy Youth Survey is a collaborative effort of the Office of the Superintendent of Public Instruction, the Department of Health, the Department of Social and Health Service's Division of Alcohol and Substance Abuse, and the Office of Community Development. Students in grades 6, 8, 10, and 12 participate. The Healthy Youth Survey was administered in the Fall of 2004.

FIELD LEVEL NOTES

None

FORM 20
HEALTH STATUS INDICATORS #01-#05
MULTI-YEAR DATA
STATE: WA

HEALTH STATUS INDICATOR MEASURE # 01A

The percent of live births weighing less than 2,500 grams.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	5.6	5.8	5.8	6.0	6
Numerator	4,516	4,588	4,529	4,857	
Denominator	80,653	79,142	77,907	80,482	
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 01B

The percent of live singleton births weighing less than 2,500 grams.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	4.3	4.6	4.4	4.6	4.6
Numerator	3,410	3,454	3,316	3,594	
Denominator	78,451	75,686	75,686	78,029	
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 02A

The percent of live births weighing less than 1,500 grams.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	1.0	1.0	1.0	1.0	1
Numerator	773	825	774	809	
Denominator	80,653	79,142	77,970	80,482	
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 02B

The percent of live singleton births weighing less than 1,500 grams.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	0.8	0.8	0.8	0.8	0.8
Numerator	600	611	587	596	
Denominator	78,451	76,869	75,686	78,029	
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 03A

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	7.9	7.7	8.3	7.2	7.2
Numerator	99	97	104	90	
Denominator	1,255,051	1,259,241	1,260,062	1,256,446	
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 03B

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	3.4	2.8	2.7	2.9	2.9
Numerator	43	35	34	37	
Denominator	1,255,051	1,259,241	1,260,067	1,256,446	
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 03C

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	23.0	23.5	22.5	18.8	18.8
Numerator	188	197	192	163	
Denominator	818,153	839,143	854,561	867,887	
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 04A

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	208.7		154.5	134.8	134.8
Numerator	2,619		1,947	1,694	
Denominator	1,255,051		1,260,062	1,256,446	
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 04B

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	21.0		26.5	23.8	23.8
Numerator	263		334	299	
Denominator	1,255,051		1,260,062	1,256,446	
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 04C

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	111.5		127.9	116.3	116.3
Numerator	912		1,093	1,009	
Denominator	818,153		854,561	867,887	
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 05A

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	19.5	19.8	20.4	22.7	22.6
Numerator	3,960	4,174	4,339	4,865	4,873
Denominator	203,443	210,946	212,805	214,010	216,028
Is the Data Provisional or Final?				Final	Final

HEALTH STATUS INDICATOR MEASURE # 05B

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	4.9	5.0	6.4	6.4	6.9
Numerator	5,154	5,466	6,962	6,962	7,521
Denominator	1,041,359	1,088,230	1,087,383	1,084,663	1,085,707
Is the Data Provisional or Final?				Final	Final

FORM NOTES FOR FORM 20

None

FIELD LEVEL NOTES

1. **Section Number:** Health Status Indicator #01A
Field Name: HSI01A
Row Name:
Column Name:
Year: 2004
Field Note:
Data is unavailable for 2004.
2. **Section Number:** Health Status Indicator #01B
Field Name: HSI01B
Row Name:
Column Name:
Year: 2004
Field Note:
Data is unavailable for 2004.
3. **Section Number:** Health Status Indicator #02A
Field Name: HSI02A
Row Name:
Column Name:
Year: 2004
Field Note:
Data is unavailable for 2004
4. **Section Number:** Health Status Indicator #02B
Field Name: HSI02B
Row Name:
Column Name:
Year: 2004
Field Note:
Data is unavailable for 2004.
5. **Section Number:** Health Status Indicator #03A
Field Name: HSI03A
Row Name:
Column Name:
Year: 2004
Field Note:
Data is unavailable for 2004.
6. **Section Number:** Health Status Indicator #03B
Field Name: HSI03B
Row Name:
Column Name:
Year: 2003
Field Note:
7. **Section Number:** Health Status Indicator #03B
Field Name: HSI03B
Row Name:
Column Name:
Year: 2004
Field Note:
Data is unavailable for 2004.
8. **Section Number:** Health Status Indicator #03C
Field Name: HSI03C
Row Name:
Column Name:
Year: 2004
Field Note:
Data is unavailable for 2004.
9. **Section Number:** Health Status Indicator #04A
Field Name: HSI04A
Row Name:
Column Name:
Year: 2004
Field Note:
Data is unavailable for 2004.
10. **Section Number:** Health Status Indicator #04B
Field Name: HSI04B
Row Name:
Column Name:
Year: 2004
Field Note:
Data is unavailable for 2004.
11. **Section Number:** Health Status Indicator #04C
Field Name: HSI04C
Row Name:
Column Name:
Year: 2004
Field Note:
Data is unavailable for 2004.
12. **Section Number:** Health Status Indicator #05A
Field Name: HSI05A
Row Name:

Column Name:
Year: 2002
Field Note:

13. **Section Number:** Health Status Indicator #05A
Field Name: HSI05A
Row Name:
Column Name:
Year: 2004
Field Note:
Data were gathered from the Washington State STD Summary, Washington State Department of Health, 2004. Population estimates were gathered from the Office of Financial Management, 2004.

14. **Section Number:** Health Status Indicator #05B
Field Name: HSI05B
Row Name:
Column Name:
Year: 2004
Field Note:
Data were gathered from the Washington State STD Summary, Washington State Department of Health, 2004. Population estimates were gathered from the Office of Financial Management, 2004.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: WA

HSI #06A - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 2004 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	78,803	67,016	4,669	1,709	5,409			
Children 1 through 4	320,263	271,847	18,686	7,017	22,713			
Children 5 through 9	410,543	350,899	22,747	9,233	27,664			
Children 10 through 14	446,859	383,626	22,717	10,473	30,043			
Children 15 through 19	439,356	375,200	20,592	9,678	33,886			
Children 20 through 24	428,709	363,031	20,445	8,629	36,604			
Children 0 through 24	2,124,533	1,811,619	109,856	46,739	156,319	0	0	0

HSI #06B - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	64,991	13,812	
Children 1 through 4	270,003	50,260	
Children 5 through 9	353,996	56,548	
Children 10 through 14	399,148	47,712	
Children 15 through 19	392,309	47,047	
Children 20 through 24	374,455	54,254	
Children 0 through 24	1,854,902	269,633	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: WA

HSI #07A - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2004 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL LIVE BIRTHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Women < 15	86	64	3	2	2	0	5	10
Women 15 through 17	1,976	1,562	100	96	43	15	97	63
Women 18 through 19	4,659	3,784	251	197	10	42	232	143
Women 20 through 34	61,346	49,282	2,193	1,059	4,544	476	1,707	2,085
Women 35 or older	12,263	9,727	398	130	1,253	66	215	474
Women of all ages	80,330	64,419	2,945	1,484	5,852	599	2,256	2,775

HSI #07B - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Women < 15	30	51	5
Women 15 through 17	1,199	703	74
Women 18 through 19	3,379	1,203	177
Women 20 through 34	48,578	10,025	2,743
Women 35 or older	10,268	1,213	782
Women of all ages	63,454	13,195	3,781

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: WA

HSI #08A - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 2004 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL DEATHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	447	357	40	18	23	3		6
Children 1 through 4	79	67	5	3	3	1		0
Children 5 through 9	66	55	7	0	2	2		0
Children 10 through 14	73	65	3	2	3	0		0
Children 15 through 19	236	203	12	12	9	0		0
Children 20 through 24	328	272	25	15	12	3		1
Children 0 through 24	1,229	1,019	92	50	52	9	0	7

HSI #08B - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	363	79	5
Children 1 through 4	60	19	0
Children 5 through 9	57	9	0
Children 10 through 14	66	7	0
Children 15 through 19	201	34	1
Children 20 through 24	284	44	0
Children 0 through 24	1,031	192	6

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: WA

HSI #09A - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

Is this data final or provisional? Provisional

CATEGORY Miscellaneous Data BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown	Specific Reporting Year
All children 0 through 19	1,695,826	1,448,589.0	89,411.0	38,111.0	119,715.0				2004
Percent in household headed by single parent	27.0	25.0	61.4	50.1	16.9				2004
Percent in TANF (Grant) families	10.0	7.1	24.0	21.2	5.5				2004
Number enrolled in Medicaid	715,168	430,679.0	47,366.0	21,808.0	33,635.0			181,680.0	2004
Number enrolled in SCHIP	15,276	9,993.0	440.0	568.0	1,076.0			3,199.0	2004
Number living in foster home care	10,994	7,379.0	1,408.0	1,395.0	182.0			630.0	2004
Number enrolled in food stamp program	298,576	187,523.0	29,871.0	11,787.0	11,339.0			58,056.0	2004
Number enrolled in WIC	150,773	106,906.0	18,786.0	10,744.0	14,337.0				2004
Rate (per 100,000) of juvenile crime arrests	2,524.0	2,499.0	4,475.0	3,352.0	1,054.0				2004
Percentage of high school drop-outs (grade 9 through 12)	6.7	5.7	10.2	14.6	4.9				2004

HSI #09B - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	Specific Reporting Year
All children 0 through 19	1,480,447.0	215,379.0		2004
Percent in household headed by single parent	26.4	33.6		2004
Percent in TANF (Grant) families	8.6	17.1		2004
Number enrolled in Medicaid	508,723.0	139,681.0	66,764.0	2004
Number enrolled in SCHIP	11,523.0	1,826.0	1,927.0	2004
Number living in foster home care	9,333.0	1,607.0	54.0	2004
Number enrolled in food stamp program	223,618.0	65,206.0	9,752.0	2004
Number enrolled in WIC		64,933.0		2004
Rate (per 100,000) of juvenile crime arrests		1,684.0		2004
Percentage of high school drop-outs (grade 9 through 12)		11.6		2004

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: WA

HSI #10 - Demographics (Geographic Living Area) *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: 2004 Is this data from a State Projection? No Is this data final or provisional? Provisional

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	1,167,447
Living in urban areas	1,401,658
Living in rural areas	171,691
Living in frontier areas	124,554
Total - all children 0 through 19	1,697,903

Note:

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: WA

HSI #11 - Demographics (Poverty Levels) *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2004 Is this data from a State Projection? No Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Total Population	6,098,300.0
Percent Below: 50% of poverty	7.7
100% of poverty	15.1
200% of poverty	30.9

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: WA

HSI #12 - Demographics (Poverty Levels) *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2004 Is this data from a State Projection? No Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	1,695,728.0
Percent Below: 50% of poverty	9.6
100% of poverty	19.0
200% of poverty	37.8

FORM NOTES FOR FORM 21

Data were unavailable for the year 2004. In 2003 a new birth certificate form was implemented. It collects some information differently, and caution should be used in interpreting year to year changes from 2002 to 2003.

Notes:

HSI 06A & 06B: The source of this demographic data are the 2003 population data from the Software for Public Health Assessment (VistaPHw); Analysis Software: Public Health - Seattle & King County, Epidemiology, Planning & Evaluation. It does not provide the specified breakdowns in these age groups of More than one race reported, Other and Unknown, or Ethnicity Not Reported. Further, it combines the fields of Asian and Native Hawaiian/Other Pacific Islander, therefore the data under the category of Asian also includes Native Hawaiian/Other PI. While the 2000 Census does provide these fields in these age groups, this data source was not used in an effort to display the most recent data available.

HSI 07A & 07B: Totals for "Women of all ages" do not include women with a live birth whose age was unknown. The following are data for women with a live birth whose age was unknown: 52 (Total), 34 (White), 4(African American), 1 (AIAN), 4 (Asian), 0 (Other PI), 1 (more than one race), 8 (Other/Unknown race), 35 (Non-Hispanic), 11 (Hispanic), and 6 (ethnicity not reported).

HSI 08A & 08B: The 2003 Death Certificate does not provide data for the category of "more than one race reported". This was added to the 2004 Death certificate. Therefore, this field was left blank. There are 7,727 missing race values.

HSI 10: Census 2000 data was used for this data.

HSI 11 & 12: Data were gathered from the 2004 Washington State Population Survey, Office of Financial Management Forecasting Division.

FIELD LEVEL NOTES

1. **Section Number:** Indicator 09A

Field Name: HSIRace_Children

Row Name: All children 0 through 19

Column Name:

Year: 2006

Field Note:

Since 2004 data were unavailable, 2003 data has been used.

2. **Section Number:** Indicator 09A

Field Name: HSIRace_SingleParentPercent

Row Name: Percent in household headed by single parent

Column Name:

Year: 2006

Field Note:

Data source: 2004 Washington State Population Survey, Office of Financial Management Forecasting Division.

In addition to single parent households, data may also reflect households with cohabitation due to the structure of the question. No data were available for the fields of Ethnicity not reported, more than one race reported, or other/unknown. Data under the American Indian or Native Alaskan also includes the category of Native Hawaiian/Other Pacific Islander.

3. **Section Number:** Indicator 09A

Field Name: HSIRace_TANFPercent

Row Name: Percent in TANF (Grant) families

Column Name:

Year: 2006

Field Note:

Data were unavailable for 2004.

Estimates were made using 2003 data from the Research and Data Analysis, Department of Social and Health Services, Client Services Database (CSDB). There was no data available for the fields of More than one race reported. Further, the data in the fields of Asian and Native Hawaiian/Other PI are combined under the field of Asian. Percentages for Other/Unknown were unable to be calculated because there was no comparative population category of 0 to 19 year olds. However, there were 30,559 TANF clients for the FY2003.

4. **Section Number:** Indicator 09A

Field Name: HSIRace_MedicaidNo

Row Name: Number enrolled in Medicaid

Column Name:

Year: 2006

Field Note:

Data were unavailable for 2004.

Estimates were made using 2003 data from the Research and Data Analysis, Department of Social and Health Services, Client Services Database (CSDB). Each client's race designation in CSDB is estimated as the most likely race of the client, given multiple sources of client information. There was no data available for the fields of More than one race reported. Further, the data in the fields of Asian and Native Hawaiian/Other PI are combined under the field of Asian.

5. **Section Number:** Indicator 09A

Field Name: HSIRace_SCHIPNo

Row Name: Number enrolled in SCHIP

Column Name:

Year: 2006

Field Note:

Data were unavailable for 2004.

Estimates were made using 2003 data from the Research and Data Analysis, Department of Social and Health Services, Client Services Database (CSDB). Each client's race designation in CSDB is estimated as the most likely race of the client, given multiple sources of client information. There was no data available for the fields of More than one race reported. Further, the data in the fields of Asian and Native Hawaiian/Other PI are combined under the field of Asian.

6. **Section Number:** Indicator 09A

Field Name: HSIRace_FoodStampNo

Row Name: Number enrolled in food stamp program

Column Name:

Year: 2006

Field Note:

Data were unavailable for 2004.

2003 data was gathered from the Research and Data Analysis, Department of Social and Health Services, Client Services Database (CSDB). There was no data available for the fields of More than one race reported. Further, the data in the fields of Asian and Native Hawaiian/Other PI are combined under the field of Asian.

7. **Section Number:** Indicator 09A

Field Name: HSIRace_WICNo

Row Name: Number enrolled in WIC

Column Name:

Year: 2006

Field Note:

Program source is WIC -- The Supplemental Nutrition Program for Women, Infants, and Children. Data are collected from the WIC Client Information Management System.

Data are unavailable for the categories of More than one race reported, Other/Unknown, Non-Hispanic, and Ethnicity Not Reported. Native Hawaiian or Other Pacific Islander is combined with the category of Asian. The category of Hispanic has been used as both race and ethnicity. Therefore, the total number of all races including Hispanic is 215,706.

8. Section Number: Indicator 09A

Field Name: HSIRace_JuvenileCrimeRate

Row Name: Rate (per 100,000) of juvenile crime arrests

Column Name:

Year: 2006

Field Note:

Data were unavailable for 2004.

The 2004 Juvenile Justice Report, using 2003 data, was used for these rates. While race and ethnicity used to be separate categories with separate data in the past, the Juvenile Justice report has chosen to now merge race and ethnicity. Therefore, Hispanic and Non-hispanic ethnicities are included in the race categories. Additionally, data under the category of Asian incorporate both Asian and Native Hawaiian/Other Pacific Islander. There is no data available for the categories of More than one race reported and Other/unknown.

9. Section Number: Indicator 09A

Field Name: HSIRace_DropOutPercent

Row Name: Percentage of high school drop-outs (grade 9 through 12)

Column Name:

Year: 2006

Field Note:

Data represents grades 9 through 12 for the 2002-2003 school year, based on information from the Office of Superintendent of Public Instruction (OSPI). Data under the category of Asian includes both Asian and Native Hawaiian/Other PI, as defined by the OSPI. There is no data for the categories of More than one race reported or Other/Unknown.

10. Section Number: Indicator 09B

Field Name: HSIEthnicity_Children

Row Name: All children 0 through 19

Column Name:

Year: 2006

Field Note:

2004 Data is unavailable. Data represents the year 2003. The field Ethnicity Not Reported did not have available data.

11. Section Number: Indicator 09B

Field Name: HSIEthnicity_SingleParentPercent

Row Name: Percent in household headed by single parent

Column Name:

Year: 2006

Field Note:

Data source: 2004 Washington State Population Survey, Office of Financial Management Forecasting Division.

In addition to single parent households, data may also reflect households with cohabitation due to the structure of the question. No data were available for the fields of Ethnicity not reported, more than one race reported, or other/unknown. Data under the American Indian or Native Alaskan also includes the category of Native Hawaiian/Other Pacific Islander.

12. Section Number: Indicator 09B

Field Name: HSIEthnicity_TANFPercent

Row Name: Percent in TANF (Grant) families

Column Name:

Year: 2006

Field Note:

Data were unavailable for 2004.

Estimates were made using 2003 data from the Research and Data Analysis, Department of Social and Health Services, Client Services Database (CSDB). There was no data available for the field of Ethnicity Not reported.

13. Section Number: Indicator 09B

Field Name: HSIEthnicity_MedicaidNo

Row Name: Number enrolled in Medicaid

Column Name:

Year: 2006

Field Note:

Data were unavailable for 2004.

Estimates were made using 2003 data from the Research and Data Analysis, Department of Social and Health Services, Client Services Database (CSDB). Each client's race designation in CSDB is estimated as the most likely race of the client, given multiple sources of client information.

14. Section Number: Indicator 09B

Field Name: HSIEthnicity_SCHIPNo

Row Name: Number enrolled in SCHIP

Column Name:

Year: 2006

Field Note:

Data were unavailable for 2004.

Estimates were made using 2003 data from the Research and Data Analysis, Department of Social and Health Services, Client Services Database (CSDB). Each client's race designation in CSDB is estimated as the most likely race of the client, given multiple sources of client information.

15. Section Number: Indicator 09B

Field Name: HSIEthnicity_FoodStampNo

Row Name: Number enrolled in food stamp program

Column Name:

Year: 2006

Field Note:

Data were unavailable for 2004.

2003 data was gathered from the Research and Data Analysis, Department of Social and Health Services, Client Services Database (CSDB).

- 16. Section Number:** Indicator 09B
Field Name: HSIEthnicity_WICNo
Row Name: Number enrolled in WIC
Column Name:
Year: 2006
Field Note:
Program source is WIC -- The Supplemental Nutrition Program for Women, Infants, and Children. Data are collected from the WIC Client Information Management System.
- Data are unavailable for the categories of More than one race reported, Other/Unknown, Non-Hispanic, and Ethnicity Not Reported. Native Hawaiian or Other Pacific Islander is combined with the category of Asian. The category of Hispanic has been used as both race and ethnicity. Therefore, the total number of all races including Hispanic is 215,706.
- 17. Section Number:** Indicator 09B
Field Name: HSIEthnicity_JuvenileCrimeRate
Row Name: Rate (per 100,000) of juvenile crime arrests
Column Name:
Year: 2006
Field Note:
Data were unavailable for 2004.
- The 2004 Juvenile Justice Report, using 2003 data, was used for these rates. While race and ethnicity used to be separate categories with separate data in the past, the Juvenile Justice report has chosen to now merge race and ethnicity. Therefore, Hispanic and Non-hispanic ethnicities are included in the race categories. For reporting purposes, a rough estimate of Total Hispanic was made based on 2001 proportions. Additionally, data under the category of Asian incorporate both Asian and Native Hawaiian/Other Pacific Islander. There is no data available for the categories of More than one race reported and Other/unknown.
- 18. Section Number:** Indicator 09B
Field Name: HSIEthnicity_DropOutPercent
Row Name: Percentage of high school drop-outs (grade 9 through 12)
Column Name:
Year: 2006
Field Note:
Data represents grades 9 through 12 for the 2002-2003 school year, based on information from the Office of Superintendent of Public Instruction (OSPI). There is no data for the categories of Total Not Hispanic or Ethnicity not Reported.
- 19. Section Number:** Indicator 10
Field Name: Urban
Row Name: Living in urban areas
Column Name:
Year: 2006
Field Note:
Data for urban areas combines the totals for metropolitan and urban areas together, based on 2000 Census data. By doing so, the total of all children ages 0 through 19 will be most representative.
- 20. Section Number:** Indicator 09A
Field Name: HSIRace_FosterCare
Row Name: Number living in foster home care
Column Name:
Year: 2006
Field Note:
Data were unavailable for 2004.
- 2003 data was gathered from the Research and Data Analysis, Department of Social and Health Services, Client Services Database (CSDB). There was no data available for the fields of More than one race reported. Further, the data in the fields of Asian and Native Hawaiian/Other PI are combined under the field of Asian.
- 21. Section Number:** Indicator 09B
Field Name: HSIEthnicity_FosterCare
Row Name: Number living in foster home care
Column Name:
Year: 2006
Field Note:
Data were unavailable for 2004.
- 2003 data was gathered from the Research and Data Analysis, Department of Social and Health Services, Client Services Database (CSDB).

NEW STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: WA

SP # 1

PERFORMANCE MEASURE:

The percent of pregnancies (live births, fetal deaths, abortions) that are unintended.

GOAL

Reduce the number of unplanned pregnancies.

DEFINITION

THIS SPM IS A CONTINUATION FROM SPM 1 IN THE 2000-2004 NEEDS ASSESSMENT.

Numerator:

Numerator: Estimate of all unintended births from PRAMS data, similar proportion of fetal deaths, plus all abortions.

Denominator:

Denominator: All live births and fetal deaths plus abortions.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

Related to Healthy People 2010 Objective 9-1

Related to Objective 9-1: Increase the proportion of pregnancies that are intended to 70%. (Baseline 51% of all pregnancies among females 15-44 years were intended in 1995)

DATA SOURCES AND DATA ISSUES

PRAMS and WA State Center for Health Statistics abortion data files. This estimate assumes all abortions are the result of unintended pregnancy and that the proportion of fetal deaths which are unintended is the same as the proportion of live births. A small percentage of abortions will be due to fetal or maternal condition and not the result of an unintended pregnancy.

SIGNIFICANCE

Unintended pregnancy is correlated with late or inadequate prenatal care, low birth weight, neonatal death, domestic violence, child abuse, and exposure of the fetus to harmful substances like tobacco, alcohol, and other drugs. It is associated with social and economic co-factors such as economic hardship, marital dissolution, failure to achieve educational goals, and spousal abuse.

OBJECTIVE

2006	2007	2008	2009	2010
52	52	52	52	52

SP # 2

PERFORMANCE MEASURE:

The percent of pregnant women abstaining from smoking.

GOAL

Increase abstinence from tobacco during pregnancy.

DEFINITION

THIS SPM IS A CONTINUATION FROM SPM 2 IN THE 2000-2004 NEEDS ASSESSMENT.

Numerator:

Number of women reporting tobacco use during pregnancy from Birth Certificate data.

Denominator:

All live births.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

The Healthy People 2010 Objective for this measure is 99%

Related to Objective 16-17c: Increase abstinence from alcohol, cigarettes, and illicit drugs among pregnant women to 99%. (Baseline for smoking was 87% in 1998).

DATA SOURCES AND DATA ISSUES

Birth Certificate data.

SIGNIFICANCE

Maternal smoking during pregnancy is a risk factor for low birth weight, the leading cause of infant mortality as well as congenital malformations.

OBJECTIVE

2006	2007	2008	2009	2010
89	89.5	90	90.5	91

SP # 3

PERFORMANCE MEASURE:

The percent of women screened during prenatal care visits for smoking, alcohol use, illegal drug use, HIV status, postpartum birth control plans, domestic violence, and receive genetic counseling.

GOAL

To improve access to comprehensive prenatal care that includes universal screening for smoking, alcohol use, illegal drug use, HIV status, postpartum birth control plans, domestic violence and receive counseling on tests for birth defects or genetic diseases.

DEFINITION

THIS SPM IS A COMBINATION OF SPMs 3, 6, AND 8 FROM THE 2000-2004 NEEDS ASSESSMENT.

Numerator:

Number of women who have delivered a live birth who report that their doctor, nurse or other health care provider talked to them during prenatal care visits about smoking, drinking alcohol, post-partum birth controls, illegal drugs, domestic violence, receive counseling on tests for birth defects or genetic diseases, and getting tested for HIV. (based on PRAMS data weighted for statewide estimates.)

Denominator:

All pregnant women who have delivered a live birth (based on PRAMS data weighted for statewide estimate).

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

Related to Healthy People 2010 Objectives 16-17 and 25-17

Related to HP 2010 Objective 16-17: Increase abstinence from alcohol, cigarettes, and illicit drugs among pregnant women; and Objective 25-17: Increase the proportion of pregnant females screened for sexually transmitted diseases (including HIV infection and bacterial vaginosis) during prenatal health care visits, according to recognized standards.

DATA SOURCES AND DATA ISSUES

PRAMS provides data on all of these issues.

SIGNIFICANCE

Universal screening during prenatal care visits for smoking, alcohol use, illegal drug use, HIV status, domestic violence, genetic counseling, and postpartum birth control provides opportunities to identify high risk behaviors and conditions so that interventions can be provided to reduce smoking, alcohol and illegal drug use; reduce perinatal transmission of HIV; reduce domestic violence; increase genetic counseling screening; and reduce subsequent unintended pregnancies.

OBJECTIVE

2006	2007	2008	2009	2010
45	45.5	46	46.5	47

SP # 4

PERFORMANCE MEASURE:

Percent of children and youth who have people they can turn to for help when they feel sad or hopeless.

GOAL

Increase the proportion of children and youth who have people they can turn to for help when they feel sad or hopeless.

DEFINITION

THIS IS A NEW SPM. THE TWO PREVIOUS SPMs ADDRESSING MENTAL HEALTH HAVE BEEN DISCONTINUED.

Numerator:

Number of tenth graders who have people they can turn to for help when they feel sad or hopeless.

Denominator:

Tenth graders

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

Related to HP 2010 overall Mental Health and Mental Disorders Goal: Improve mental health and ensure access to appropriate, quality, mental health services.

DATA SOURCES AND DATA ISSUES

The Healthy Youth Survey will be the instrument used to gather this data. Tenth grade students have been chosen, and will be used in this measure.

SIGNIFICANCE

It has been estimated that as many as 20% of children and adolescents have a diagnosable behavioral, emotional, or mental disorder. Furthermore, these conditions can lead to substance use, violent behaviors (including suicide attempts) and may limit educational attainment. Because this is a new priority for MCH and because limited data exist on some mental health issues (i.e., the level of need for mental health services by MCH populations in the State of Washington), the initial focus of MCh's efforts will be on assessment.

OBJECTIVE

2006	2007	2008	2009	2010
73.9	73.93	73.96	73.99	74.02

SP # 5

PERFORMANCE MEASURE:

Increase use of Bright Futures materials and principles by health, social service, and education providers in Washington State.

GOAL

Increase use of Bright Futures materials and principles by health, social service, and education providers in Washington State.

DEFINITION

THIS IS A NEW SPM. Description of Bright Futures: Bright Futures is a vision, a philosophy, a set of expert guidelines, and a practical developmental approach to providing health supervision for children of all ages, from birth through adolescence. Bright Futures is endorsed by the American Academy of Pediatrics as an example of "best practices" in health supervision of children and youth. Modules and guidelines also exist on the subjects of mental health, oral health, physical activity, and nutrition.

Numerator:

The number of performance measure benchmarks Washington has reached towards assessing the usage of Bright Futures materials and principles.

Denominator:

Total number of benchmarks. Please see Field Notes.

Units: **Text:** 0

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Data related focus areas will include: Data will be obtained from trainings provided and programs given by DOH or its contractors. An assessment of use of Bright Futures by health professionals will provide a baseline.

SIGNIFICANCE

Background and significance of Bright Futures materials and principles: Bright Futures materials are designed in a way to be accessible to parents and non-professional caretakers, as well as health care professionals. Increasing access to health services is a priority of state health and political entities. Bright Futures guidelines provide a way to assess and improve the quality of the services, whether they are provided in a clinical setting, a school, or a community setting. Bright Futures also is an accessible and understandable way for child health workers to become familiar with stages of development, and the basics of mental health, oral health, physical activity, and nutrition. A need exists for practical training models and technical assistance to those starting to use Bright Futures.

OBJECTIVE

2006	2007	2008	2009	2010
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SP # 6

PERFORMANCE MEASURE:

Reduce the proportion of children 6-8 years old with dental caries experience in primary and permanent teeth.

GOAL

Reduce the proportion of children 6-8 years old with dental caries experience in primary and permanent teeth to the Healthy People 2010 goal of 42% (2005 baseline is 59%). Although the national goal will be sought, it is important to remember that Washington State children currently suffer substantially from dental decay as compared to the nation. The new state program has started to invest heavily in the promotion of water fluoridation and sealants to achieve the HP 2010 target.

DEFINITION

THIS IS A NEW SPM.

Numerator:

Children 6-8 years old with dental caries experience in primary and permanent teeth

Denominator:

Children 6-8 years old

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

The Healthy People 2010 Objective for this measure is 42%

Related to Objective 21-1b: Reduce the proportion of children with dental caries experience in their primary and permanent teeth to 42%. (Baseline: 52% of children aged 6 to 8 years had dental caries experience in 1988-1994).

DATA SOURCES AND DATA ISSUES

In order to track the trend of decay experience in our children, the results of the Washington State Smile Survey 1994, 2000, 2005, 2010 will be utilized. Additionally, Washington State's new oral health surveillance system will also provide information. Through these data sources, better monitoring and information distribution about decay experience will take place.

SIGNIFICANCE

Dental caries experience in 6-8 years old is a well-known measure of oral health status. Its reduction has been recommended by the CDC, and is one of the objectives of the national Healthy People document. As progress is made, the heightened awareness and the identification of this new measure is very meaningful to Washington State. Challenges in the accomplishment of this measure include severe staff shortage for the past five years, and not being ranked well in the two most cost-effective preventive measures for dental decay: traditionally observed low rates of water fluoridation, and more recently, a decline in the use of school-based dental sealants. As a consequence, it is expected that Washington children will continue to suffer from substantial dental decay, as reflected in the results of the Smile Survey 2005. The new state oral health program is taking serious steps towards improving this situation, and it will take a lot of effort and partnerships to revert such a scenario. Despite these challenges, confidence remains that a difference and improvement in the lives of Washington children will be attained.

OBJECTIVE

2006	2007	2008	2009	2010
55.6	52.2	48.8	45.4	42

SP # 7

PERFORMANCE MEASURE:

Increase statewide system capacity to promote health, safety, and school readiness of children birth to kindergarten entry.

GOAL

Increase statewide system capacity to promote health, safety, and school readiness of children birth to kindergarten entry.

DEFINITION

THIS IS A NEW SPM.

Numerator:

The number of performance measure benchmarks Washington has reached to increase statewide system capacity to promote health, safety, and school readiness.

Denominator:

Total number of benchmarks. Please see Field Notes.

Units: **Text:** 0

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Data will come from the Child and Adolescent Health Program.

SIGNIFICANCE

The Washington State Department of Health, Maternal and Child Health Office (MCH) has taken a comprehensive approach to building an integrated public health/child care/early childhood framework throughout Washington State in order to ensure the health and safety of the 60-70% of children under age 5 who are estimated to attend out-of-home care. This approach encompasses both the immediate physical needs of children as well as the developmental and emotional health in order to support children's readiness to learn at school entry. MCH activities have focused in five areas: Access to health, Childhood MCH, Early childhood education, and parental and family support. All of these MCH activities aim to provide training and resources to better understand the health status and provide for the developmental needs of children in child care/early childhood.

OBJECTIVE

2006	2007	2008	2009	2010
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